

Reference number(s)
1912-A, 1913-A

## SPECIALTY GUIDELINE MANAGEMENT

### CETROTIDE (cetorelix acetate) ganirelix acetate

#### POLICY

##### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

##### FDA-Approved Indications

Cetrotide and ganirelix are indicated for the inhibition of premature luteinizing hormone (LH) surges in women undergoing controlled ovarian stimulation.

All other indications are considered experimental/investigational and not medically necessary.

##### II. MEDICAL BENEFIT ALIGNMENT

Specialty Guideline Management coverage review will be bypassed for drug(s) being requested for a procedure that has been approved under a member's medical benefit plan. Such members will be exempt from the requirements in Sections III and IV. A medical authorization number and confirmation of the approved procedure(s) will be required.

***NOTE: Some plans may opt-out of medical benefit alignment. Members receiving coverage under such plans must meet the requirements in Sections III and IV.***

##### III. CRITERIA FOR INITIAL APPROVAL

##### **Inhibition of premature LH surges**

Authorization of 12 months may be granted for the inhibition of premature LH surges in members undergoing ovulation induction or assisted reproductive technology (ART).

##### IV. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

##### V. REFERENCES

1. Cetrotide [package insert]. Rockland, MA: EMD Serono; May 2018.
2. Ganirelix [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; February 2019.
3. Bakas P, Konidaris S, Liapis A, et al. Role of gonadotropin-releasing hormone antagonist in the management of subfertile couples with intrauterine insemination and controlled ovarian stimulation. *Fertil Steril*. 2011;95:2024-2028.

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