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

SPECIALTY GUIDELINE MANAGEMENT

CETROTIDE (cetrorelix 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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