

PREFERRED SPECIALTY MANAGEMENT POLICY

- POLICY:** Infertility – Gonadotropin-Releasing Hormone Antagonists Preferred Specialty Management Policy
- Cetrotide® (cetrotirelix acetate subcutaneous injection – EMD Serono, brand only)
 - Ganirelix (ganirelix acetate subcutaneous injection – Organon, generic)
 - Fyremadel® (ganirelix acetate subcutaneous injection – Ferring, generic only)

REVIEW DATE: 9/6/2023

OVERVIEW

Cetrotide (brand only), Ganirelix (brand and generic), and Fyremadel (generic only) are indicated for the **inhibition of premature luteinizing hormone (LH) surges** in women undergoing controlled ovarian stimulation.¹⁻³

Cetrotide, Ganirelix, and Fyremadel are synthetic decapeptides that are analogs of native gonadotropin-releasing hormone (GnRH) with GnRH antagonist activity.¹⁻³ GnRH induces the production and release of LH and follicle stimulating hormone (FSH) from the anterior pituitary. Both agents compete with natural GnRH for binding to membrane receptors on pituitary cells and control the release of LH and FSH in a reversible manner.

POLICY STATEMENT

Utilization of these products for infertility is not managed by a *Prior Authorization Policy*, but rather based on whether a patient's benefit includes infertility coverage. If the patient's benefit includes infertility coverage, this Preferred Specialty Management program has been developed to encourage the use of a Preferred Product. The program directs the patient to try one Preferred Product prior to the approval of a Non-Preferred Product. Requests for a Non-Preferred Product will be reviewed using the exception criteria (below). All approvals are provided for the duration noted below.

If the patient's benefit does not include infertility coverage, benefit exclusion overrides may be in place for indications other than infertility. This Preferred Specialty Management program requires the patient to meet the standard *Infertility – Gonadotropin-Releasing Hormone Antagonists Benefit Exclusion Overrides Policy* criteria and requires the patient to try a Preferred Product, when clinically appropriate, prior to the approval of a Non-Preferred Product. Patient meeting the standard *Infertility – Gonadotropin-Releasing Hormone Antagonists Benefit Exclusion Overrides Policy* criteria who have not tried a Preferred Product will receive authorization for a Preferred Product, if clinically appropriate.

If the patient's benefit does not include infertility coverage and benefit exclusion overrides are not utilized, coverage is not reviewable..

Automation: A patient with a of one Preferred Product within the 130-day look-back period is excluded from this program.

Preferred Product: Cetrotide, generic Fyremadel
Non-Preferred Product: Ganirelix (brand and generic)

RECOMMENDED EXCEPTION CRITERIA

09/07/2022

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REFERENCES

1. Cetrotide subcutaneous injection [prescribing information]. Rockland, MA: EMD Serono; May 2018.
2. Ganirelix acetate subcutaneous injection [prescribing information]. Parsippany, NJ: Ferring; June 2021.
3. Fyremadel® (ganirelix acetate subcutaneous injection) [prescribing information]. Parsippany, NJ; Ferring; January 2022.