

ART / Infertility / Gender Dysphoria

Cetrotide (cetorelix)
Clomiphene citrate
Clomiphene powder
Crinone/Endometrin/Milprosa*/Progesterone in oil/Progesterone powder/Prometrium (progesterone)
Firmagon (degarelix)
Follistim AQ (follitropin beta)
Fyremadel/Ganirelix (ganirelix)
Gonal-F/Gonal-F RFF (follitropin alfa)
Menopur (menotropins)
Supprelin LA (histrelin)
Synarel (nafarelin)
Trelstar/Triptodur (triptorelin)
Zoladex (goserelin)

*This medication is included in this policy but is not available on the market as of yet

Pre - PA Allowance

The drugs addressed by this policy are covered without a Prior Authorization (PA) for all female patients over 50 years of age.

Prior-Approval Requirements

The drugs addressed by this policy are covered without a Prior Authorization (PA) for all female patients over 50 years of age.

When used for medically assisted reproduction, ART drugs are limited to 3 cycles per benefit year for *in vitro* fertilization procedures. There are no cycle limits when used for artificial insemination procedures.

Female

ALL diagnoses are covered **EXCEPT:**

For the diagnosis of Infertility, patient must have **ONE** of the following:

1. Used in conjunction with assisted reproductive technology (ART) procedures, which include but are not limited to:
 - a. Artificial insemination (AI), including the following:
 - a. Intravaginal insemination (IVI)
 - b. Intracervical insemination (ICI)
 - c. Intrauterine insemination (IUI)
 - b. In vitro fertilization (IVF), including the following:
 - a. Embryo transfer and gamete intrafallopian transfer (GIFT)
 - b. Zygote intrafallopian transfer (ZIFT)
 - c. Intracytoplasmic sperm injection (ICSI)

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2. Not used with assisted reproductive technology

AND NOT used for the following:

1. Weight loss
2. Anti-aging effects
3. Performance (athletic) enhancement
4. Erectile or sexual dysfunction

Male

ALL diagnoses are covered **EXCEPT**:

For the following diagnosis, the patient must have:

1. Hypogonadism with **ALL** of the following:
 - a. Hypogonadotropic hypogonadism
 - b. **NOT** caused by primary testicular failure
 - c. Patient has low pretreatment testosterone levels
 - d. Patient has low or low-normal follicle stimulating hormone (FSH) or luteinizing hormone (LH) levels
 - e. Used for spermatogenesis

AND NOT used for the following:

1. Weight loss
 2. Anti-aging effects
 3. Performance (athletic) enhancement
 4. Erectile or sexual dysfunction
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Diagnosis

Patient must have the following:

Gender Dysphoria (GD)

Prior - Approval Limits

When used for medically assisted reproduction, ART drugs are limited to 3 cycles per benefit year for *in vitro* fertilization procedures. There are no cycle limits when used for artificial insemination procedures.

Diagnosis	Duration
Gender Dysphoria	Age < 19 years: End of plan year Age ≥ 19 years: 2 years
ART - IVF procedures	4 months
ART - AI procedures	12 months
All other indications	12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Diagnosis	Duration
Gender Dysphoria	Age < 19 years: End of plan year Age ≥ 19 years: 2 years
ART - IVF procedures	4 months* *ONLY two renewals every calendar year

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ART - AI procedures	12 months
All other indications	12 months