

HUMAN CHORIONIC GONADOTROPIN (HCG)**HCG POWDER (human chorionic gonadotropin)****NOVAREL / PREGNYL (chorionic gonadotropin), OVIDREL (choriogonadotropin)****Pre - PA Allowance**

None

Prior-Approval Requirements

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

Diagnoses

Male patients must have **ONE** of the following (Novarel and Pregnyl **ONLY**):

1. Hypogonadotropic hypogonadism (hypogonadism secondary to pituitary deficiency)
2. Prepubertal cryptorchidism not caused by anatomic obstruction

AND NOT being used to treat:

1. Erectile or sexual dysfunction
2. Weight loss
3. Performance (athletic) enhancement
4. Anti-aging effects
5. Chronic pain management / neurogenesis

Female patients must have **ONE** of the following:

1. Infertility, **NOT** used in conjunction with assisted reproductive technology (ART) procedures
2. Infertility, 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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1. Sexual dysfunction
2. Weight loss
3. Performance (athletic) enhancement
4. Anti-aging effects
5. Chronic pain management / neurogenesis

AND ALL of the following for **HCG powder**:

1. The requested dose is **NOT** commercially available
2. The requested dose/ strength does **NOT** exceed the maximum FDA-approved dose/strength for the requested ingredient
3. The requested dosage form is a FDA approved dosage form

Prior - Approval Limits**Females**

When used for medically assisted reproduction, HCG is 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
ART - IVF procedures	4 months
ART - AI procedures	12 months
Infertility, no ART	12 months

Males

Quantity	Novarel	18 vials/ 84 days
	Pregnyl	18 vials /84 days

Duration 12 months

Prior – Approval *Renewal* Requirements**Diagnoses**



**BlueCross.
BlueShield.**

Federal Employee Program.

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NOVAREL / PREGNYL (chorionic gonadotropin), OVIDREL (choriogonadotropin)

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Female patients must have **ONE** of the following:

1. Infertility, **NOT** used in conjunction with assisted reproductive technology (ART) procedures
2. Infertility, used in conjunction with assisted reproductive technology (ART) procedures, which include but are not limited to:
 - c. Artificial insemination (AI), including the following:
 - a. Intravaginal insemination (IVI)
 - b. Intracervical insemination (ICI)
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 - a. Embryo transfer and gamete intrafallopian transfer (GIFT)
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AND NOT being used to treat:

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Diagnosis	Duration
Art - IVF procedures	4 months* * ONLY two renewals every calendar year
ART - AI procedures	12 months
Infertility, no ART	12 months

Males**NO renewal for hypogonadotropic hypogonadism****Prepubertal cryptorchidism only**

Quantity	Novarel	18 vials/ 84 days
	Pregnyl	18 vials /84 days

Duration	12 months
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