Reference number(s)
4307-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	☐
Standard Control – Choice (SCCF)	☐
Preferred Drug Plan Design (PDPD)	☐
Advanced Control Specialty (ACSF)	☐
Advanced Control Specialty – Choice (ACSCF)	☐
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☐
Aetna Individual Lives (IVL)	☐
Value (VF)	☐

Formulary	Applies
New to Market (NTM)	☐
Standard Formulary Chart (SFC)	☐
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	☑
Advanced Control Specialty Formulary Chart (ACSFC)	☑
Value Formulary Chart (VFC)	☑
Medical Benefit	☐
Medical Benefit: Advanced Biosimilars First	☐
Medical Benefit: Managed Medicaid (MMMB)	☐
Medicare Part B	☐
Medicare Part B: Advanced Biosimilars First	☐

Exceptions Criteria
Human Chorionic Gonadotropin

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Basic Control Chart Preferred Drug Plan Design (BCC PDPD), Advanced Control Specialty Formulary Chart (ACSFC), and Value Formulary Chart (VFC).

Plan Design Summary

This program applies to the human chorionic gonadotropin products specified in this document. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are initiating a new treatment cycle with a targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Human Chorionic Gonadotropin Products

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

	Product(s)
Preferred	• Ovidrel (choriogonadotropin alfa injection)

	Product(s)
Target	• Human chorionic gonadotropin (hCG) • Novarel (chorionic gonadotropin for injection) • Pregnyl (chorionic gonadotropin for injection)

Exception Criteria

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

Coverage for the targeted products is provided when any of the following criteria is met:

- Member is currently undergoing treatment and coverage is required to complete the current cycle of treatment.
- Member has a documented contraindication to the preferred product or any of its drug components.
- Member has a documented intolerable adverse event with the preferred product.

References

1. Chorionic Gonadotropin for Injection [package insert]. Lake Zurich, IL: Fresenius Kabi; April 2020.
2. Novarel [package insert]. Parsippany, NJ: Ferring Pharmaceuticals, Inc.; April 2024.
3. Ovidrel [package insert]. Rockland, MA: EMD Serono, Inc.; December 2023.
4. Pregnyl [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; March 2023.