

This document applies to the following:

| Formulary                                      | Applies                             |
|--|-------------------------------------|
| Standard Control (SF)                          | <input checked="" type="checkbox"/> |
| Standard Control – Choice (SCCF)               | <input checked="" type="checkbox"/> |
| Preferred Drug Plan Design (PDPD)              | <input checked="" type="checkbox"/> |
| Advanced Control Specialty (ACSF)              | <input checked="" type="checkbox"/> |
| Advanced Control Specialty – Choice (ACSCF)    | <input checked="" type="checkbox"/> |
| Managed Medicaid Template (MMT)                | <input type="checkbox"/>            |
| Marketplace (MF)                               | <input type="checkbox"/>            |
| Aetna Small Group Affordable Care Act (SG ACA) | <input type="checkbox"/>            |
| Aetna Health Exchange (AHE)                    | <input type="checkbox"/>            |
| Aetna Individual Lives (IVL)                   | <input type="checkbox"/>            |
| Value (VF)                                     | <input checked="" type="checkbox"/> |

| Formulary   | Applies                  |
|---|--------------------------|
| New to Market (NTM)                                       | <input type="checkbox"/> |
| Standard Formulary Chart (SFC)                            | <input type="checkbox"/> |
| Basic Control Chart Preferred Drug Plan Design (BCC PDPD) | <input type="checkbox"/> |
| Advanced Control Specialty Formulary Chart (ACSFC)        | <input type="checkbox"/> |
| Value Formulary Chart (VFC)                               | <input type="checkbox"/> |
| Medical Benefit   | <input type="checkbox"/> |
| Medical Benefit: Advanced Biosimilars First               | <input type="checkbox"/> |
| Medical Benefit: Managed Medicaid (MMMB)                  | <input type="checkbox"/> |
| Medicare Part B   | <input type="checkbox"/> |
| Medicare Part B: Advanced Biosimilars First               | <input type="checkbox"/> |

# 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: Standard Control Formulary (SF), Standard Control Choice Formulary (SCCF), Preferred Drug Plan Design (PDPD), Advanced Control Specialty Formulary (ACSF), Advanced Control Specialty – Choice Formulary (ACSCF), and Value Formulary (VF).

## 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 | <ul style="list-style-type: none"> <li>Pregnyl (chorionic gonadotropin for injection)</li> </ul>  |
| Target    | <ul style="list-style-type: none"> <li>human chorionic gonadotropin (hCG) (generic)</li> <li>Novarel (chorionic gonadotropin for injection)</li> <li>Ovidrel (choriogonadotropin alfa injection)</li> </ul> |

## 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 either of the following criteria is met:

- There is documentation that the member is currently undergoing treatment with the targeted product and coverage is required to complete the current cycle of treatment.
- Member has a documented intolerable adverse event with the preferred product.

## References

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