Reference number(s)
REG 6956-A

Initial Prior Authorization
Fertility Preservation

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name	Dosage Form
Cetrotide	cetrorelix acetate	all
Follistim AQ	follitropin beta	injection
Fyremadel	ganirelix acetate	all
Gonal-F	follitropin alfa	injection
leuprolide acetate (all brands)	leuprolide acetate	injection 1 mg/0.2 mL
Menopur	menotropins	injection
Novarel	chorionic gonadotropin	all
Ovidrel	choriogonadotropin alfa	all
Pregnyl	chorionic gonadotropin	all

Coverage Criteria

Fertility Preservation for Iatrogenic Infertility

Authorization may be granted for the requested drug when the following criteria is met:

- The requested drug is being prescribed for fertility preservation when a medically necessary treatment may directly or indirectly cause iatrogenic infertility for the patient.

Reference number(s)
REG 6956-A

Duration of Approval (DOA)

- 6956-A: DOA: 12 months

References

1. Louisiana Directive 225. January 2025.
2. Georgia House Bill 94. May 2025.
3. California Senate Bill 729. November 2024.

Document History

Created: UM Development JK 05/2025

Revised: (JK) 08/2025 (added Georgia 94 to references), (PL) 02/2026 (no clinical changes), (JK) 05/2026 (added California 729 to references)

Reviewed: CHART 07/03/2025, 10/02/2025, 03/05/2026, (CDPR) NV 06/2026

External Review: 08/2025 (FYI), 10/2025 (FYI), 04/2025 (FYI), 04/2026 (FYI), 06/2026 (FYI)

MDC: REG

CRITERIA FOR APPROVAL

1	Is this request for leuprolide acetate 1 mg/0.2 mL? [If Yes, then go to 2. If No, then go to 3.]	Yes	No
2	Is leuprolide acetate being prescribed for fertility preservation needed when a medically necessary treatment may directly or indirectly cause iatrogenic infertility for the patient? [If Yes, then no further questions. If No, then no further questions.]	Yes	No
3	Is the requested drug being prescribed for fertility preservation needed when a medically necessary treatment may directly or indirectly cause iatrogenic infertility for the patient? [If Yes, then no further questions. If No, then no further questions.]	Yes	No

Mapping Instructions			
	Yes	**No**	**DENIAL REASONS**

1.	Go to 2	Go to 3	
2.	Approve, 12 Months	Deny, For clients with other prior authorization programs (e.g., SGM, Custom, Medical Benefit): Go to applicable PA criteria for the requested drug. For clients without other prior authorization programs: Deny.	Your plan only covers this drug when it is used for certain health conditions. Covered use is for fertility preservation when a medically necessary treatment may directly or indirectly cause infertility for you. Your plan does not cover this drug for your health condition that your doctor told us you have. We reviewed the information we had. Your request has been denied. Your doctor can send us any new or missing information for us to review. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan documents for your review. [Short Description: Leuprolide - Diagnosis]
3.	Approve, 12 Months	Deny	Your plan only covers this drug when it is used for certain health conditions. Covered use is for fertility preservation when a medically necessary treatment may directly or indirectly cause infertility for you. Your plan does not cover this drug for your health condition that your doctor told us you have. We reviewed the information we had. Your request has been denied. Your doctor can send us any new or missing information for us to review. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan documents for your review. [Short Description: Diagnosis]