

Medications for Infertility Services

This policy addresses the use of the listed medications when used in the setting of intrauterine insemination and Assisted Reproductive Technology (ART) also referred to as in-vitro fertilization for the purposes of infertility services:

Cetrorelix

Gonal-F

Leuprolide

Ganirelix

Progesterone in oil

Menopur

Pregnyl

Follistim

For commercially insured groups with members residing in the state of California any limits imposed by this policy may be superseded by California State Law SB 729 of 2024. Any member of such a plan who is a resident of California is advised to have their fertility provider contact Arkansas Blue Cross Blue Shield for a benefit inquiry or organizational determination to allow appropriate coordination of infertility services.

Effective January 2026

Coverage eligibility of Assisted Reproductive Technology AND Infertility services is a contract-specific benefit issue. Furthermore, this policy only applies to medications used with services performed on the covered member. **No infertility related medications are eligible for benefits when: (1) the covered person or the covered person's spouse has undergone a voluntary sterilization at any point in their medical history, (2) the infertility is the result of natural age-related hormone reduction (i.e., postmenopausal or 45 years of age or older), (3) when a surrogate is used or (4) when the covered person has had three live births by any means.**

I. ARTIFICIAL INSEMINATION

Up to 6 cycles of medication assisted intrauterine or intracervical insemination meets coverage criteria when the member or member's spouse has a medically documented inability to conceive as noted by one of the following:

1. Unexplained infertility in the member or member's spouse after at least 1 year of regular unprotected vaginal sexual intercourse. (Note: unexplained infertility is defined as no detected abnormalities identified from standard infertility diagnostic testing); OR
2. Anovulatory female who has failed to conceive after a 6-month trial of ovulation induction with timed intercourse under the supervision and monitoring of a physician; OR
3. The member or member's spouse has failed a 6-month trial of natural cycle IUI/ICI; AND
4. The member or member's spouse has been approved for associated IUI/ICI procedures through their AR BCBS medical benefit.

If conception does not occur after the initial 6 cycles of medication assisted intrauterine or intracervical insemination, up to 6 additional cycles may be eligible for benefits.

II. ASSISTED REPRODUCTIVE TECHNOLOGY (IN-VITRO FERTILIZATION)

Medications used for Assisted Reproductive Technology (in-vitro fertilization) meet coverage criteria and are covered when:

1. Other less invasive therapies, where appropriate, have failed (e.g., intrauterine or intracervical insemination); AND
2. The member or member's spouse has a history of unexplained infertility of at least two years duration; OR
3. Anovulatory female who has failed to conceive after a 6-month trial of ovulation induction with timed intercourse under the supervision and monitoring of a

physician; OR

4. The member or member's spouse has failed to conceive after 6 trials of IUI/ICI; AND
5. The member or member's spouse has been approved for associated IVF procedures through the associated AR BCBS medical benefit.

Where benefits are available, coverage for medications associated with in vitro fertilization are limited to up to four completed oocyte retrievals per lifetime of the member or two live births from separate pregnancies as a result of the in vitro fertilization. After a first live birth is achieved as a result of a successful in vitro fertilization cycle, up to two additional completed oocyte retrievals may be covered.

III. Assisted Reproductive Technology (In Vitro Fertilization) or Fertility Preservation

Medications used for Assisted Reproductive Technology (in-vitro fertilization) for fertility preservation meet coverage criteria and are covered when the following criteria are met:

1. Individual is a biologic female with anticipated infertility resulting from medical or surgical treatment, including chemotherapy, radiation therapy, other gonadotoxic therapies, or bilateral oophorectomy; AND
2. Individual is a candidate based on ovarian reserve and likelihood for successful oocyte cryopreservation (for example, age 45 years or less); AND
3. Post-pubertal; AND
4. Anticipated infertility is NOT the result of any of the following:
 - a. Prior sterilization services, when not for treatment of an illness, injury or disease or its symptoms; OR
 - b. Normal reproductive aging (age >45 years); AND
5. Cryopreservation is for embryos only.

Revisions:

January 2026 – New Policy

References:

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