UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for HCG

Program	Prior Authorization
Medication	Novarel® (chorionic gonadotropin), Ovidrel® (choriogonadotropin alfa), and Pregnyl® (chorionic gonadotropin)
Markets in Scope	Arizona, Hawaii, Nevada, Maryland, New Jersey, New York, Pennsylvania-CHIP, Rhode Island, California, South Carolina
Issue Date	5/2016
Pharmacy and Therapeutics Approval Date	8/2020
Effective Date	10/2020

1. Background:

HCG may be used to treat cryptorchidism in boys because HCG is thought to induce testicular descent in situations when descent would have occurred at puberty. HCG thus may help to predict whether or not orchiopexy will be needed in the future. Although, in some cases, descent following HCG administration is permanent, in most cases the response is temporary. HCG is also used to induce puberty in boys and to treat androgen deficiency in hypogonadotropic hypogonadism.[1-3]

2. Coverage Criteria:

A. <u>Prepubertal Cryptorchidism</u>

1. **Novarel, Ovidrel,** or **Pregnyl** will be approved based on the following criterion:

   a. Diagnosis of prepubertal cryptorchidism not due to anatomical obstruction

Authorization will be issued for 6 weeks.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

3. References:

1. Novarel [package insert]. Parsippany, NJ: Ferring Pharmaceuticals Inc.; May 2018.
2. Pregnyl [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; January 2015.

3. Ovidrel [package insert]. Rockland, MA: EMD Serono, Inc.; June 2018.

Program	Prior Authorization Novarel (chorionic gonadotropin), Ovidrel (choriogonadotropin alfa), and Pregnyl (chorionic gonadotropin)
Change Control	
Date	Change
5/2016	New program.
5/2017	Annual review. Updated references and policy template.
9/2017	Removed note that fertility is not a covered benefit. Changed authorization duration to 12 months for Dx to Rx implementation.
12/2017	Changed authorization duration back to standard use (6 weeks) duration.
5/2018	Annual review. No changes to the criteria. Updated references.
5/2019	Annual review. Updated references.
8/2020	Annual review. No changes to criteria. Added Additional Clinical Rules Setion.