

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2018 P 1134-5
Program	Prior Authorization/Notification
Medication	Cetrotide® (cetorelix acetate) and ganirelix acetate*
P&T Approval Date	8/2014, 5/2015, 5/2016, 5/2017, 10/2018
Effective Date	2/1/2019; Oxford only: N/A

**1. Background:**

Cetrotide (cetorelix acetate) and ganirelix acetate are synthetic decapeptides with gonadotropin-releasing hormone (GnRH) antagonist activity. These agents are indicated to inhibit premature leutinizing hormone (LH) surges in women undergoing controlled ovarian stimulation followed by insemination or assisted reproductive technology (ART) procedures.<sup>1,2</sup>

**2. Coverage Criteria:**

**A. Controlled Ovarian Stimulation**

**1. Cetrotide (cetorelix acetate) or ganirelix acetate** will be approved based on **all** of the following criteria\*:

a. Diagnosis of infertility

-AND-

b. **One** of the following exists:

- (1) Unexplained infertility
- (2) Endometriosis
- (3) Male factor infertility
- (4) Tubal factor infertility
- (5) Diminished ovarian reserve
- (6) Uterine factor infertility
- (7) Ovulatory dysfunction
- (8) Recurrent pregnancy loss
- (9) Failure to achieve conception with other treatment modalities

-AND-

c. For the development of one or more follicles (controlled ovarian stimulation)

-AND-

d. Will be used in conjunction only with assisted reproductive technology (ART)

**Authorization will be issued for 2 months**

### 3. Additional Clinical Rules:

None.

\*Infertility is typically excluded from coverage for UnitedHealthcare. Please refer to member's specific benefits for coverage determination.

### 4. References:

1. Cetrotide [prescribing information]. Rockland, MA: EMD Serono, Inc.; May 2018.
2. Ganirelix acetate [prescribing information]. Whitehouse Station, NJ: Merck and Co., Inc.; May 2018.
3. Sahakyan M, Harlow BL, Hornstein MD. Influence of age, diagnosis, and cycle number on pregnancy rates with gonadotropin-induced controlled ovarian hyperstimulation and intrauterine insemination. *Fertil Steril* 1999; 72: 500-504.

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<b>Change Control</b>	
8/2014	New program.
5/2015	Reduced authorization duration to 2 months to align with gonadotropins and hCG programs. Updated references.
5/2016	Annual review. Changed fertility criteria to align with other programs. Updated references.
5/2017	Annual review. No changes to the program. Updated references.
10/2018	Annual review. No changes to the program. Updated references.