

SPECIALTY GUIDELINE MANAGEMENT

MENOPUR (menotropins for injection)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

Menopur is indicated for development of multiple follicles and pregnancy in ovulatory women as part of an assisted reproductive technology cycle.

All other indications are considered experimental/investigational and are not a covered benefit.

II. MEDICAL BENEFIT ALIGNMENT

Specialty Guideline Management coverage review will be bypassed for drug(s) being requested for a procedure that has been approved under a member's medical benefit plan. Such members will be exempt from the requirements in Sections III and IV. A medical authorization number and confirmation of the approved procedure(s) will be required.

NOTE: Some plans may opt-out of medical benefit alignment. Members receiving coverage under such plans must meet the requirements in Sections III and IV.

III. CRITERIA FOR INITIAL APPROVAL

Follicle stimulation

Authorization of 12 months may be granted for members with infertility prescribed menotropins who meet any of the following criteria:

1. Member has completed three or more previous cycles of clomiphene, or
2. Member has a risk factor for poor ovarian response to clomiphene, or
3. Member has a contraindication or exclusion to clomiphene, or
4. Member is 37 years of age or older

IV. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

V. REFERENCES

1. Menopur [package insert]. Parsippany, NJ: Ferring Pharmaceuticals Inc.; February 2014.
2. Practice Committee of the American Society of Reproductive Medicine. Use of clomiphene citrate in infertile women: a committee opinion. *Fertil & Steril*. 2013;100:341-348.