Reference number(s) 1912-A, 1913-A

# SPECIALTY GUIDELINE MANAGEMENT

CETROTIDE (cetrorelix acetate)
FYREMADEL (ganirelix acetate)
GANIRELIX (branded generic)
cetrorelix acetate
ganirelix acetate

## **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**

Cetrotide, Fyremadel, cetrorelix, and ganirelix are indicated for the inhibition of premature luteinizing hormone (LH) surges in women undergoing controlled ovarian stimulation.

All other indications are considered experimental/investigational and not medically necessary.

## **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. 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.

## III. CRITERIA FOR INITIAL APPROVAL

## Inhibition of premature luteinizing hormone (LH) surges

Authorization of 12 months may be granted for the inhibition of premature LH surges in members undergoing ovulation induction or assisted reproductive technology (ART).

#### IV. CONTINUATION OF THERAPY

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

#### V. REFERENCES

1. Cetrotide [package insert]. Rockland, MA: EMD Serono; December 2023.

cetrorelix-ganirelix-Cetrotide-Fyremadel 1912-A, 1913-A SGM P2024

© 2024 Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This page contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.



Reference number(s) 1912-A, 1913-A

- 2. Fyremadel [package insert]. Parsippany, NJ: Ferring Pharmaceuticals Inc.; October 2023.
- 3. Ganirelix [package insert]. Jersey City, NJ: Organon USA LLC; February 2024.
- 4. Cetrorelix [package insert]. Parsippany, NJ: Teva Pharmaceuticals; March 2024.
- 5. Bakas P, Konidaris S, Liapis A, et al. Role of gonadotropin-releasing hormone antagonist in the management of subfertile couples with intrauterine insemination and controlled ovarian stimulation. Fertil Steril. 2011;95:2024-2028.

cetrorelix-ganirelix-Cetrotide-Fyremadel 1912-A, 1913-A SGM P2024

manufacturers that are not affiliated with CVS Caremark.

© 2024 Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written