

# Specialty Guideline Management cetorelix-Cetrotide-Fyremadel-Ganirelix

## Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Cetrotide	cetorelix acetate
Fyremadel	ganirelix acetate
Ganirelix (Organon)	ganirelix acetate

## 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<sup>1-4</sup>

Ganirelix (Organon), Fyremadel, and ganirelix are indicated for inhibition of premature luteinizing hormone (LH) surges in women undergoing controlled ovarian hyperstimulation.

Cetrotide and cetorelix are indicated for inhibition of premature luteinizing hormone (LH) surges in women undergoing controlled ovarian stimulation.

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

## Medical Benefit Alignment

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

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 the coverage criteria section. 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 the coverage criteria section.

## Coverage Criteria

### Inhibition of Premature Luteinizing Hormone (LH) Surges<sup>1-5</sup>

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

## Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy must meet all requirements in the coverage criteria section.

## References

1. Cetrotide [package insert]. Rockland, MA: EMD Serono; June 2024.
2. Fyremadel [package insert]. Parsippany, NJ: Ferring Pharmaceuticals Inc.; January 2025.
3. Ganirelix [package insert]. Jersey City, NJ: Organon USA LLC; February 2024.
4. Cetrorelix [package insert]. Parsippany, NJ: Teva Pharmaceuticals; June 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.