

Initial Prior Authorization Fertility Preservation

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	Dosage Form
Cetrotide	cetrorelix acetate	all
Follistim AQ	follitropin beta	injection
Fyremadel	ganirelix acetate	all
Gonal-F	follitropin alfa	injection
leuprolide acetate (all brands)	leuprolide acetate	injection 1 mg/0.2 mL
Menopur	menotropins	injection
Novarel	chorionic gonadotropin	all
Ovidrel	choriogonadotropin alfa	all
Pregnyl	chorionic gonadotropin	all

Coverage Criteria

Fertility Preservation for Iatrogenic Infertility

Authorization may be granted for the requested drug when the following criteria is met:

Reference number(s)
6956-A

- The requested drug is being prescribed for fertility preservation when a medically necessary treatment may directly or indirectly cause iatrogenic infertility for the patient.

Duration of Approval (DOA)

- 6956-A: DOA: 12 months

References

1. Louisiana Directive 225. January 2025.
2. Georgia House Bill 94. May 2025.