**Follitropins**
Follistim AQ (follitropin beta), Bravelle (urofollitropin), Gonal-F (follitropin alfa)
Effective 06/26/18

<table>
<thead>
<tr>
<th>Plan</th>
<th>☐ MassHealth</th>
<th>☒ Commercial/Exchange</th>
<th>Program Type</th>
<th>☒ Prior Authorization</th>
<th>☐ Quantity Limit</th>
<th>☐ Step Therapy</th>
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<tbody>
<tr>
<td>Benefit</td>
<td>☒ Pharmacy Benefit</td>
<td>☐ Medical Benefit (NLX)</td>
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<tr>
<td>Specialty Limitations</td>
<td>This medication has been designated specialty and must be filled at a contracted specialty pharmacy.</td>
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| Exceptions | N/A |

**Overview**
N/A

**Coverage Guidelines**

**Ovulation induction or follicle stimulation as part of an assisted reproductive technology (ART) program**
Authorization may be granted for members when ANY of the following criteria is met, and documentation is provided:

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

**Hypogonadotropic hypogonadism**
Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. Member has low pretreatment testosterone levels.
2. Member has low or low-normal follicle stimulating hormone (FSH) or luteinizing hormone (LH) levels.

**For Follistim AQ (follitropin beta), Bravelle (urofollitropin) only**
Authorization may be granted for members when ANY of the following criteria is met in addition to the criteria above, and documentation is provided:
1. Member has a contraindication to Gonal-F or any of its drug components.
2. Member is intolerant to or had a confirmed adverse event with Gonal-F.

**Continuation of Therapy**
Reauthorization may be granted for members when ALL initial authorization criteria are met.

**Limitations**
1. Authorizations will be granted for 12 months

**References**
N/A

**Review History**
06/27/05 – Reviewed
08/15/05 – Effective
04/24/06 – Reviewed
04/23/07 – Reviewed
04/28/08 – Reviewed and revised
04/27/09 – Reviewed
04/26/10 – Reviewed
04/25/11 – Reviewed
04/23/12 – Reviewed in P&T Meeting
02/27/17 – Reviewed and revised (adopted SGM & ST)
06/26/18 – Reviewed and revised in P&T Meeting

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