

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

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
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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