

## PREFERRED SPECIALTY MANAGEMENT (PSM) POLICY

**POLICY:** Gonadotropin-Releasing Hormone Antagonists

**APPROVAL DATE:** 09/04/2019

**DRUGS AFFECTED:**

- Cetrotide® (cetorelix acetate for injection – EMD Serono, Inc.)
  - Ganirelix acetate injection (generics)
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### OVERVIEW

Cetrotide and Ganirelix are synthetic decapeptides that are analogs of native gonadotropin releasing hormone (GnRH) with GnRH antagonist activity.<sup>1,2</sup> This policy involves the use of these products.

### POLICY STATEMENT

Currently, utilization of these products is not managed by a Prior Authorization (PA) Policy, but rather based on whether a patient's benefit includes infertility coverage. If the patient's benefit includes infertility coverage, this PSM program requires the patient to try the preferred product (Cetrotide), when clinically appropriate, prior to the approval of the non-preferred product.

If the patient's benefit does not include infertility coverage, benefit exclusion overrides (BEO) may be in place. This PSM program requires the patient to meet Standard *GnRH Antagonists Benefit Exclusion Overrides* criteria and requires the patient to try the preferred product, when clinically appropriate, prior to the approval of the non-preferred product. Patients meeting the Standard *GnRH Antagonists Benefit Exclusion Overrides* criteria who have not tried the preferred product will receive authorization for the preferred product, if clinically appropriate.

If the patient's benefit does not include infertility coverage and benefit exclusion overrides are not utilized, coverage will be denied.

All approvals for preferred and non-preferred products are provided for 1 year in duration, unless specified otherwise.

**Automation:** Patients with a history of one preferred product within the 130-day look-back period are excluded from this program.

**Preferred Product:** Cetrotide

**Non-Preferred Product:** Ganirelix

**RECOMMENDED EXCEPTION CRITERIA**

Trade Name	Exception
Ganirelix	<ol style="list-style-type: none"> <li>1. If patient’s benefit includes infertility coverage, approve if patient has tried Cetrotide.</li> <li>2. If patient’s benefit does NOT include infertility coverage and benefit exclusion overrides ARE utilized, approve if patient meets the following criteria (A <u>and</u> B):                         <ol style="list-style-type: none"> <li>A) The patient meets the Standard <i>GnRH Antagonists Benefit Exclusion Overrides</i> criteria; AND</li> <li>B) The patient has tried Cetrotide.</li> </ol> </li> <li>3. For patients who meet condition (2A) above but have not tried the preferred product, approve Cetrotide.</li> <li>4. If patient’s benefit does NOT include infertility coverage and benefit exclusion overrides are NOT utilized: not reviewable.</li> </ol>

**REFERENCES**

1. Cetrotide [prescribing information]. Rockland, MA: EMD Serono, Inc.; May 2018.
2. Ganirelix acetate injection [prescribing information]. Parsippany, NJ: Ferring Pharmaceuticals Inc; March 2019.
3. Gonadotropin releasing hormone (GnRH) antagonists benefit exclusion overrides policy. Updated 09/04/2019.