



Drug Name: FOLLISTIM AQ (follitropin beta injection), GONAL-F (follitropin alfa injection)

Date: 7/2018

Drug Name:	FOLLISTIM AQ (follitropin beta injection), GONAL-F (follitropin alfa injection)
Prescriber	n/a
Restrictions:	
Inclusion Criteria:	<p>The member must have one of the following indications:</p> <p>FDA-Approved Indications Follistim AQ is indicated for:</p> <ul style="list-style-type: none"> • Induction of ovulation and pregnancy in anovulatory infertile women in whom the cause of infertility is functional and not due to primary ovarian failure • Development of multiple follicles in ovulatory women participating in an assisted reproductive technology (ART) program • Pregnancy in normal ovulatory women undergoing controlled ovarian stimulation as part of an in vitro fertilization or intracytoplasmic sperm injection cycle • Induction of spermatogenesis in men with primary and secondary hypogonadotropic hypogonadism in whom the cause of infertility is not due to primary testicular failure <p>Gonal-f is indicated for:</p> <ul style="list-style-type: none"> • Induction of ovulation and pregnancy in the anovulatory infertile patient in whom the cause of infertility is functional and not due to primary ovarian failure. • Development of multiple follicles in the ovulatory patient participating in an ART program. • Induction of spermatogenesis in men with primary and secondary hypogonadotropic hypogonadism in whom the cause of infertility is not due to primary testicular failure. <p>Compendial Uses Hypogonadotropic hypogonadism in males</p> <p>All other indications are considered experimental/investigational and are not a covered benefit.</p>
Required Medical Information:	<ul style="list-style-type: none"> • Follicle stimulation (approval if meet any of the following) <ul style="list-style-type: none"> ○ Member has completed three or more previous cycles of clomiphene, or ○ Member has a risk factor for poor ovarian response to clomiphene, or ○ Member has a contraindication or exclusion to clomiphene, or ○ Member is 37 years of age or older • Hypogonadotropic hypogonadism (approval if meet BOTH of the following) <ul style="list-style-type: none"> ○ Low pretreatment testosterone levels ○ Low or low-normal follicle stimulating hormone (FSH) or luteinizing hormone (LH) levels
Note(s):	Coverage review will be bypassed for drug(s) being requested for a procedure that has been approved under a member's medical benefit plan.
Coverage duration:	12 months