

Market Applicability					
Market	GA	KY	MD	NJ	NY
Applicable	X	X	X	X	X

Human chorionic gonadotropin (HCG) (Novarel, Pregnyl and HCG generics) and Recombinant HCG (Ovidrel) for Non-infertility Use

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Novarel (human chorionic gonadotropin) Pregnyl (human chorionic gonadotropin) HCG (human chorionic gonadotropin) generics Ovidrel (Recombinant hCG)

APPROVAL CRITERIA

Requests for Novarel, Pregnyl, or HCG generics may be approved if the following criteria are met:

- I. Individual has a diagnosis of prepubertal cryptorchidism not due to anatomical obstruction; **OR**
- II. Individual has a diagnosis of hypogonadotropic hypogonadism secondary to a pituitary deficiency in males.

Requests for the use of Human Chorionic Gonadotropins (Novarel, Pregnyl, and HCG generics) and recombinant HCG (Ovidrel) may not be approved for the following criteria:

- I. Individual is using in the treatment of fatigue, obesity, weight loss, erectile or sexual dysfunction, performance enhancement, anti-aging, or chronic pain management; **OR**
- II. All other indications not included above.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: September 3, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.

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New Program Date 05/11/2020

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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5. American Association of Clinical Endocrinologists. Medical guidelines for clinical practice for the evaluation and treatment of hypogonadism in adult male patients, 2002 update. Endocr Pract. 2002; 8:439-456.
6. American College of Obstetricians and Gynecologists Committee on Gynecologic Practice and Practice Committee. Female age-related fertility decline. Committee Opinion No. 589. Fertil Steril. 2014;101(3):633-634.

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