

Clinical Policy: Cetrorelix (Cetrotide) and Ganirelix

Reference Number: HIM.PA.148

Effective Date: 06.01.17

Last Review Date: 05.18

Line of Business: Health Insurance Marketplace

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Cetrorelix acetate for injection (Cetrotide®) and ganirelix acetate injection are synthetic decapeptides with gonadotropin-releasing hormone (GnRH) antagonistic activity.

FDA Approved Indication(s)

Cetrotide and ganirelix acetate injection are indicated for the inhibition of premature luteinizing hormone surges in women undergoing controlled ovarian stimulation.

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

I. Initial Approval Criteria

A. Infertility (must meet all):

1. Diagnosis of infertility;
2. Prescribed by or in consultation with a reproductive endocrinologist;
3. Age \geq 18 years;
4. Undergoing an assisted reproduction procedure;
5. Dose does not exceed 0.25 mg/day (Cetrotide) or 250 mcg/day (ganirelix acetate injection).

Approval duration: Requested quantity or 30 days whichever is less

B. Other diagnoses/indications

1. Refer to HIM.PHAR.21 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Infertility (must meet all):

1. Currently receiving medication via Centene benefit or member has previously met initial approval criteria;
2. Request is for an assisted reproduction procedure currently underway;
3. If request is for a dose increase, new dose does not exceed 0.25 mg/day (Cetrotide) or 250 mcg/day (ganirelix acetate injection).

Approval duration: Requested quantity or 30 days whichever is less

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via Centene benefit and documentation supports positive response to therapy.
Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to HIM.PHAR.21 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy – HIM.PHAR.21 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
FDA: Food and Drug Administration

V. References

1. Cetrotide Prescribing Information. Rockland, MA: EMD Serono, Inc.; June 2017. Available at http://www.emdserono.com/ms.country.us/en/images/Cetrotide_PI_tcm115_140012.pdf. Accessed September 2017.
2. Cetorelix Drug Monograph. Clinical Pharmacology. Accessed September 2017.
<http://www.clinicalpharmacology-ip.com>.
3. Ganirelix Acetate Injection Prescribing Information. Whitehouse Station: Merck and Co., Inc.; March 2016. Available at http://www.merck.com/product/usa/pi_circulars/g/ganirelix/ganirelix_pi.pdf. Accessed September 2017.
4. Ganirelix Drug Monograph. Clinical Pharmacology. Accessed September 2017.
<http://www.clinicalpharmacology-ip.com>.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created.	10.17.17	05.18

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

CLINICAL POLICY

Cetorelix Acetate Injection and Ganirelix Injection

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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