

**Blue Cross Blue Shield of Vermont and The Vermont Health Plan**  
**Prior Approval Guidelines**  
**Cetrotide® (Cetrorelix acetate)**  
**Non-IVF Fertility Uses**

**Description:** An analog of gonadotropin-releasing hormone (GnRH), induces the production and release of luteinizing hormone and follicle stimulating hormone.

**Covered Indications:**

- 1) Ovulation induction in women; who require the inhibition of premature luteinizing hormone surges.
- 2) Non-in vitro fertilization (IVF) fertility (Natural methods only)

**Reasons for Prior Authorization:**

<input checked="" type="checkbox"/> Cost	<input type="checkbox"/> Potential for misuse
<input type="checkbox"/> Toxicity	<input checked="" type="checkbox"/> Prevention of use for infertility- via in vitro fertilization

**Criteria for Approval:**

- 1) Diagnosis is an FDA-labeled indication **and**
- 2) Patient does not have any contraindications to use (see below)

**Reasons for Denial of Benefit:**

- 1) Patient does not meet Criteria for Approval
- 1) Patient has any of the following **contraindications**
  - ) Pregnant or lactating
  - ) Hypersensitivity to cetrorelix acetate, extrinsic peptide hormones, or mannitol
  - ) Hypersensitivity to gonadotropin releasing hormone (GnRH) or any other GnRH analog
- 3) Patient is planning pregnancy via in vitro fertilization
- 4) Patient has already had a trial of an ovulation induction medication in the last 12 months.

**Benefit Approval:**

- 1) Non-IVF pregnancy; 4-cycles per calendar year (4 months);  
***Limited to one ovulation induction medication per year.***

**Notes:**

- 1) This medication will not be approved for purposes of IVF fertility

**References:**

1. Olin BR, ed. Drug Facts and Comparisons. Facts and Comparisons. St. Louis, 2004
2. Package insert, Cetrotide® Serono, Inc Rockland, MA 2002