

Follitropins
Follistim AQ (follitropin beta)
Gonal-F (follitropin alfa)
Gonal-F RFF (follitropin alfa)
Effective 01/01/2024

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

N/A

Coverage Guidelines
Ovulation induction or follicle stimulation as part of an assisted reproductive technology (ART) program

Authorization may be granted for members when ANY of the following criteria is met, and documentation is provided:

1. Member has completed three or more previous cycles of clomiphene.
2. Member has a risk factor for poor ovarian response to clomiphene.
3. Member has contraindication or exclusion to clomiphene.
4. Member is 37 years of age or older.

Hypogonadotropic hypogonadism

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. Member has low pretreatment testosterone levels.
2. Member has low or low-normal follicle stimulating hormone (FSH) or luteinizing hormone (LH) levels.

For Follistim AQ (follitropin beta) only

Authorization may be granted for members when ANY of the following criteria is met in addition to the criteria above, and documentation is provided:

1. Member has a contraindication to Gonal-F or Gonal-F RFF or any of its drug components.
2. Member is intolerant to or had a confirmed adverse event with Gonal-F or Gonal-F RFF.

Continuation of Therapy

Reauthorization may be granted for members when ALL initial authorization criteria are met.

Limitations

1. Authorizations will be granted for 12 months

References

N/A

Review History

06/27/05 – Reviewed

08/15/05 – Effective

04/24/06 – Reviewed

04/23/07 – Reviewed

04/28/08 – Reviewed and revised

04/27/09 – Reviewed

04/26/10 – Reviewed

04/25/11 – Reviewed

04/23/12 – Reviewed in P&T Meeting

02/27/17 – Reviewed and revised (adopted SGM & ST)

06/26/18 – Reviewed and revised in P&T Meeting.

11/15/2023 – Reviewed and Updated for Nov P&T; Removed Bravelle as product is no longer available. Added Gonal-F RFF as a preferred agent along with Gonal-F. Effective 1/1/24

