

### Clinical Pharmacy Program Guidelines for HCG

Program	Prior Authorization
Medication	Novarel <sup>®</sup> (chorionic gonadotropin), Ovidrel <sup>®</sup> (choriogonadotropin alfa), and Pregnyl <sup>®</sup> (chorionic gonadotropin)
Issue Date	5/2016
Pharmacy and Therapeutics Approval Date	12/2017
Effective Date	2/2018

**1. Background:**

HCG may be used to treat cryptorchidism in boys because HCG is thought to induce testicular descent in situations when descent would have occurred at puberty. HCG thus may help to predict whether or not orchiopexy will be needed in the future. Although, in some cases, descent following HCG administration is permanent, in most cases the response is temporary. HCG is also used to induce puberty in boys and to treat androgen deficiency in hypogonadotropic hypogonadism.<sup>1-3</sup>

**2. Coverage Criteria:**

<p><b>A. <u>Prepubertal Cryptorchidism</u></b></p> <p>1. <b>Novarel, Ovidrel, or Pregnyl</b> will be approved based on the following criterion:</p> <p style="padding-left: 40px;">a. Diagnosis of prepubertal cryptorchidism not due to anatomical obstruction</p> <p><b>Authorization will be issued for 6 weeks.</b></p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**3. References:**

1. World Health Organization web site.  
<http://www.who.int/reproductivehealth/topics/infertility/definitions/en/index.html>. Accessed March 22, 2017.
2. American Society for Reproductive Medicine. Definitions of infertility and recurrent pregnancy loss: a committee opinion. Fertil Steril 2013;Jan;99(1):63
3. Petak SM, Nankin HR, Spark RF, Swerdloff RS, Rodriguez-Rigau LJ. 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;8:440-456.
4. Novarel [package insert]. Parsippany, NJ: Ferring Pharmaceuticals Inc.; September 2016.
5. Pregnyl [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; January 2015.
6. Ovidrel [package insert]. Rockland, MA: EMD Serono, Inc.; September 2014.

Program	Prior Authorization Novarel (chorionic gonadotropin), Ovidrel (choriogonadotropin alfa), and Pregnyl (chorionic gonadotropin)
<b>Change Control</b>	
Date	Change
5/2016	New program.
5/2017	Annual review. Updated references and policy template.
9/2017	Removed note that fertility is not a covered benefit. Changed authorization duration to 12 months for Dx to Rx implementation.
12/2017	Changed authorization duration back to standard use (6 weeks) duration.