MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Pharmacy Medical Policy

Infertility Step Therapy

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Policy Number: 014

BCBSA Reference Number: None

Related Policies

- Quality Care Dosing guidelines apply to the following medications and can be found in Medical Policy #621A.

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Patients must have pharmacy benefits under their subscriber certificates.

Please refer to the chart below for the formulary and step status of the medications affected by this policy.

Drug - Follitropin	Formulary Information
	Standard
	Formulary Status
STEP 1	
• Gonal-F® (follitropin alfa)	Covered
STEP 2	
• Bravelle®* (urofollitropin)	Prior use of Step 1 Required
• Follistim® AQ* (Follitropin)	

*Non formulary medications are covered when a formulary exception request is submitted to BCBSMA Pharmacy Operations and step criteria below are met.

We may cover the Follitropin medications listed in the chart above for new starts*# in the following stepped approach.
*#New start is defined as no previous paid claim for the requested medication within the past 130 days.

Step 1: Step 1 medications will be covered without prior authorization.

Step 2: Step 2 medications will be covered when **one** of the following criteria is met:
- There must be evidence of a BCBSMA paid claim by the patient of a step 1 drug within the previous 130 days.

OR
- There must be evidence of a BCBSMA paid claim by the patient of a step 2 drug within the previous 130 days.

**Requests based exclusively on the use of samples will not meet coverage criteria for exception. Additional clinical information demonstrating medical necessity of the desired medication must be submitted by the requesting prescriber for review.

We do not cover the medications listed above for other conditions not listed above.

Other Information
Blue Cross Blue Shield of Massachusetts (BCBSMA*) members (other than Medex®; Blue MedicareRx, Medicare Advantage plans that include prescription drug coverage) will be required to fill their prescriptions for the above medications at one of the providers in our retail specialty pharmacy network, see link below:
Link to Specialty Pharmacy List

CPT Codes / HCPCS Codes / ICD Codes

CPT Codes
There is no specific CPT code for this service.

Individual Consideration
All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043
Tel: 1-800-366-7778
Fax: 1-800-583-6289

Prior Authorization Information
Outpatient
- For services described in this policy, see below for products where prior authorization **IS REQUIRED** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is **required**.
Commercial PPO	Prior authorization is **required**.

Policy History

Date	Action
1/1/2021	Updated to remove Chorionic Gonadotropins from the step policy
1/2020	Updated Name of Policy and added a class of CGH to a step table in the policy
9/2019	Updated to revise Step Criteria.
10/1017	Updated to change Walgreens Specialty Name.
7/2017	Updated to add AllCare to Pharmacy Specialty list.
6/2017	Update address for Pharmacy Operations.
1/1/2017	Implement new step policy for Follitropins.

References

1. Gonal-F® [package insert] Rockland, MA, EMD Serono, Inc.: 12/2012.
2. Follistim® AQ [package insert] Whitehouse Station, NJ: MERCK & CO., INC.: 12/2014.
3. Bravelle® [package insert] Parsippany, NJ: FERRING PHARMACEUTICALS INC.: 7/2015.

To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:

http://www.bluecrossma.org/medical-policies/sites/g/files/csphws2091/files/acquiadam-assets/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf