

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 1134-12
Program	Prior Authorization/Notification
Medication	Cetrotide® (cetorelix acetate)* and ganirelix acetate*
P&T Approval Date	8/2014, 5/2015, 5/2016, 5/2017, 10/2018, 8/2019, 8/2020, 8/2021, 8/2022, 8/2023, 5/2024, 6/2025
Effective Date	9/1/2025

1. Background:

Cetrotide (cetorelix acetate) and ganirelix acetate are synthetic decapeptides with gonadotropin-releasing hormone (GnRH) antagonist activity. These agents are indicated for the inhibition of premature leuteinizing hormone (LH) surges in women undergoing ovarian stimulation followed by insemination or assisted reproductive technology (ART).

2. Coverage Criteria^a:

A. Ovarian Stimulation

1. **Cetrotide (cetorelix acetate)* or ganirelix acetate*** will be approved based on **one** of the following criteria:

- a. **All** of the following:

- (1) Diagnosis of infertility

-AND-

- (2) **One** of the following exists:

- (a) Unexplained infertility
- (b) Endometriosis
- (c) Male factor infertility
- (d) Tubal factor infertility
- (e) Diminished ovarian reserve
- (f) Uterine factor infertility
- (g) Ovulatory dysfunction
- (h) Recurrent pregnancy loss
- (i) Failure to achieve conception with other treatment modalities

-AND-

- (3) For the development of one or more follicles (ovarian stimulation)

-AND-

- (4) Will be used in conjunction only with assisted reproductive technology (ART)

-OR-

b. **All** of the following:

(1) Used for fertility preservation

-AND-

(2) The individual will undergo gonadotoxic therapy (e.g., exposure to cytotoxic agents, invasive surgery, prolonged hormonal ovarian suppression, radiation therapy)

-AND-

(3) Will be used as part of an assisted reproductive technology (e.g., in vitro fertilization) procedure

Authorization will be issued for 2 months

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

*Infertility is typically excluded from coverage. Please refer to plan specifics to determine exclusion status.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply Limits and/or Step Therapy may also be in place

4. References:

1. Cetrotide [package insert]. Rockland, MA: EMD Serono, Inc.; June 2024.
2. Ganirelix acetate [package insert]. Parsippany, NJ: Ferring Pharmaceuticals Inc.; November 2024.
3. Sahakyan M, Harlow BL, Hornstein MD. Influence of age, diagnosis, and cycle number on pregnancy rates with gonadotropin-induced controlled ovarian hyperstimulation and intrauterine insemination. Fertil Steril 1999; 72: 500-504.
4. Ganirelix acetate [package insert]. Jersey City, NJ: Organon Global Inc.; February 2024.

Program	Prior Authorization/Notification - Cetrotide (cetorelix acetate) and ganirelix acetate
Change Control	
8/2014	New program.
5/2015	Reduced authorization duration to 2 months to align with gonadotropins and hCG programs. Updated references.

5/2016	Annual review. Changed fertility criteria to align with other programs. Updated references.
5/2017	Annual review. No changes to the program. Updated references.
10/2018	Annual review. No changes to the program. Updated references.
8/2019	Annual review. Updated program to reflect excluded medications. Updated references.
8/2020	Annual review with no changes to the clinical coverage criteria.
8/2021	Annual review with no changes to the clinical coverage criteria. Updated background, formatting and references.
8/2022	Annual review. Added Organon Global ganirelix acetate generic as a preferred product and state mandate footnote. Updated exclusion statements and references.
8/2023	Annual review. Updated background and references.
5/2024	Added coverage criteria for fertility preservation for iatrogenic infertility. Updated term "controlled ovarian stimulation" to "ovarian stimulation".
6/2025	Updated coverage criteria for fertility preservation for iatrogenic infertility to include additional examples of gonadotoxic therapy such as prolonged hormonal ovarian suppression. Updated references.