



CIGNA PHARMACY COVERAGE POLICY

The following Coverage Policy applies to all plans administered by CIGNA Companies including plans administered by Great-West Healthcare, which is now a part of CIGNA.

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Subject **Cetrorelix (Cetrotide®)**

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Hyperlink to Related Coverage Policies

INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans as well as benefit plans formerly administered by Great-West Healthcare. Please note, the terms of a participant's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a participant's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a participant's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable group benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. Proprietary information of CIGNA. Copyright ©2009 CIGNA

Coverage Policy

Note: Injectable fertility medications are specifically excluded under most benefit plans. Please refer to the applicable benefit plan document to determine benefit availability and the terms and conditions of coverage.

If coverage is available for injectable fertility medications, then:

CIGNA covers cetrorelix (Cetrotide®) as medically necessary for the inhibition of premature luteinizing hormone (LH) surges in females undergoing controlled ovarian stimulation (COS) in conjunction with assisted reproductive procedures.

General Background

FDA Approved Indications

Cetrotide® (cetrorelix acetate for injection) is indicated for the inhibition of premature LH surges in women undergoing controlled ovarian stimulation.

FDA Recommended Dosing

Ovarian stimulation therapy with gonadotropins (FSH, hMG) is started on cycle Day 2 or 3. The dose of gonadotropins should be adjusted according to individual response. Cetrotide (cetrorelix acetate for injection) may be administered subcutaneously either once daily (0.25 mg dose) or once (3 mg dose) during the early- to mid-follicular phase. In the single dose regimen, 3 mg of Cetrotide is administered when the serum estradiol

level is indicative of an appropriate stimulation response, usually on stimulation day 7 (range day 5-9). If hCG has not been administered within four days after injection of Cetrotide 3 mg, Cetrotide 0.25 mg should be administered once daily until the day of hCG administration. In the multiple dose regimen, 0.25 mg of Cetrotide is administered on either stimulation day 5 (morning or evening) or day 6 (morning) and continued daily until the day of hCG administration. When assessment by ultrasound shows a sufficient number of follicles of adequate size, hCG is administered to induce ovulation and final maturation of the oocytes. No hCG should be administered if the ovaries show an excessive response to the treatment with gonadotropins to reduce the chance of developing ovarian hyperstimulation syndrome (OHSS).

Cetrorelix is a gonadotropin-releasing hormone (GnRH) antagonist indicated for the prevention of premature luteinizing hormone (LH) surges in subfertile women undergoing controlled ovarian stimulation (COS) in conjunction with assisted reproductive procedures. Cetrorelix is a synthetic decapeptide GnRH antagonist which competitively blocks GnRH receptors. Cetrorelix competes with endogenous GnRH for receptor binding sites on gonadotropic cells of the pituitary. Binding of cetrorelix to the receptor suppresses the release of the gonadotropins LH and follicle stimulating hormone (FSH), key regulatory hormones that govern ovarian growth and follicular development. The effects of cetrorelix on gonadotropins are reversible. The time to maximum peak concentration for cetrorelix is one hour, and it features a dose-dependent half-life of 5–63 hours. Its main route of excretion is through the bile, and it has no active metabolites.

Six randomized, controlled, parallel trials and two meta-analyses have demonstrated cetrorelix to be effective in the prevention of premature LH surges. Cetrorelix had fewer days of stimulation (cetrorelix: 7–10.6; GnRH agonists: 10–12.2), reduced the amount of HMG or FSH used, and avoided the initial flare of LH that is observed with GnRH agonist therapy. The overall clinical pregnancy rates were similar between cetrorelix (20–31.9%) and GnRH agonists (22–34.3%).

Cetrorelix is safe and well-tolerated. Adverse events are mostly associated with localized site irritations following injection. Nausea and headache have also been reported. Cetrorelix is not associated with gonadotropin flares common to GnRH agonist treatment. The most severe complication of cetrorelix is ovarian hyperstimulation syndrome (OHSS), which occurred in 0.9–3.5% of patients receiving cetrorelix and in 3.8–11.1% of patients receiving GnRH agonists in the clinical trials. A meta-analysis established a lower incidence of OHSS with cetrorelix-treated patients compared to ganirelix.

No formal drug interaction studies have been conducted with cetrorelix. Cetrorelix use is contraindicated in women who: are allergic to cetrorelix acetate, mannitol or exogenous peptide hormones (medicines similar to cetrorelix); are allergic to GnRH or any other GnRH analogs; have kidney disease; are pregnant or think they are pregnant; or are breast-feeding.

Cetrorelix safely and effectively inhibits LH surges in women undergoing COS. It is associated with less use of adjunctive stimulation medications and fewer treatment days per cycle compared to GnRH agonists. While clinical pregnancy rates are similar with cetrorelix compared to GnRH agonists, a consistently lower trend in pregnancy rates with cetrorelix occurs. Cetrorelix offers the advantage of not causing troublesome gonadotropin flares or vasomotor symptoms associated with suppressed estradiol concentrations. The incidence of reported adverse events is few, and there is significantly less risk of OHSS development compared to other GnRH analogs.

Coding/Billing Information

Note: This section is not in use.

***Current Procedural Terminology (CPT®) © 2008 American Medical Association: Chicago, IL.**

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