

IVF Pharmacy Policy Updates Effective 01/01/2020

Effective January 1, 2020 Part L of the Health and Mental Hygiene (HMH) portion of the budget (A.2007-C/S.1507-C) requires every fully insured large group policy to cover three (3) cycles of IVF used in the treatment of infertility. The law also requires every fully insured large group, small group, and individual policy to cover standard fertility preservation services when a medical treatment directly or indirectly causes iatrogenic infertility to an insured. MVP Health Care will begin to provide coverage with prior authorization for In-Vitro Fertilization (IVF) and Fertility Preservation for certain plans upon renewal in compliance with the New York State mandate. In order to help expedite requests, please use the guide below.

Who has the benefit:

The *IVF* coverage benefit applies to members with large group commercial insurance through MVP Health Care who are renewing their plan. The *Fertility Preservation* coverage benefit applies to members with a fully insured individual, small group, or large group policy who are renewing their plan. Please contact MVP Customer Care Center for Provider Services at **1-800-999-3920** to check the member's specific plan coverage.

Medications that require a prior authorization:

Medication Name
Bravelle, (Injection, urofollitropin, 75 IU)
Cetrotide (cetorelix acetate for injection)
Lupron (Leuprolide acetate, per 1 mg)
**Pregnyl, **Novarel (Injection, chorionic gonadotropin, per 1,000 USP units)
**Ovidrel, Menopur, Repronex (Injection, menotropins, 75 IU)
Gonal-F (Injection, follitropin alfa, 75 IU)
Follistim AQ (Injection, follitropin beta, 75 IU)
Ganirelix (Injection, ganirelix acetate, 250 mcg)
**Clomid, **Serophene (oral tablets, clomiphene 50mg)
Endometrin (progesterone vaginal insert)
Crinone (progesterone gel)

**PA required only if exceeds quantity limit

Submitting a prior authorization:

To expedite requests, please submit a prior authorization for BOTH the medications and the requested procedure. Members will need an approved authorization for the IVF and/or preservation procedure prior to medication authorization. If approved, the above medications must be filled at MVP's contracted specialty pharmacy CVS Caremark Specialty Pharmacy (phone number: **1-866-444-5883**) or another network pharmacy contracted to dispense specialty medications per the member's benefit.