AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Fertility Preservation	Page:	1 of 2
Effective Date:	1/1/2024	Last Review Date:	9/2023
Applies to:	☐Illinois ☐New Jersey ☐Pennsylvania Kids	☐Florida ☒Maryland ☐Virginia	☐Florida Kids ☐Michigan ☐Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Fertility Preservation under the patient's prescription drug benefit.

Description:

Fertility Preservation Services are those procedures that are considered medically necessary to preserve fertility due to a need for medical treatment that may directly or indirectly cause iatrogenic infertility. Iatrogenic Infertility is considered to be the impairment of fertility by surgery, radiation, chemotherapy or other medical treatment or intervention affecting reproductive organs or processes. Fertility preservation services are distinct and different from infertility services.

Covered Services:

- Fertility Preservation consultation.
- Fertility Preservation Procedures include applicable laboratory assessments, medications, and medically necessary treatments.
- Ovulation induction, monitoring, oocyte retrieval (For the purposes of oocyte retrieval only).
- Oocyte cryopreservation and evaluation.
- Ovarian tissue cryopreservation and evaluation.
- Sperm extraction, cryopreservation, and evaluation.
- Gonadal Suppression with GNRH Analogs.

Non-Covered Services:

- Donor Sperm.
- Donor Oocytes.
- Fertility Procedures. For Example:
    - Intrauterine Insemination Procedures
    - In Vitro Fertilization Procedures
- Storage, and thawing of testicular tissue including associated charges.
- Prepubertal testicular tissue cryopreservation is considered investigational.
- Sperm and oocyte banking/storage.
- Thawing of cryopreserved sperm or oocytes.

Applicable Drug List:

Urofollitropin 75 IU
Menotropins 75 IU
Follitropin alfa 75 IU
Follitropin beta 75 IU
Ganirelix acetate 250mcg

Policy/Guideline:

Criteria for Approval:

- Patients Ages: Reproductive ages of Puberty (12 years of age) - Menopause age of onset (51 years of age)
- Provider Type: Reproductive Endocrinologist
- Consent: When consent involves a minor, parental consent will be required, and the current Maryland Minor Consent Laws will define who can consent for what services and providers' obligations.
- Fertility Preservation may be considered for coverage with documentation of Iatrogenic Infertility. This includes impairment of fertility by surgery, radiation, chemotherapy or other medical treatment or intervention affecting reproductive organs or processes.
- Copy of Treatment plan of the proposed Fertility Preservation Services
- For approval of Gonadal Suppression with GNRH Analogs:
    - GnRH agonists may be offered only to specific breast cancer patients to reduce the risk of premature ovarian insufficiency
    - Not to be used in place of other fertility preservation alternatives
- For approval of Ovarian tissue cryopreservation:
    - Insufficient time for oocyte retrieval or the patient is prepubertal, **AND**
    - Ovarian tissue is free from malignancy

Approval Duration and Quantity Restrictions:

Approval: 3 months