

# HealthAlliance**MEDICARE**

## **PURPOSE OF THE POLICY**

To provide Part D prior authorization criteria for Chorionic Gonadotropins.

## **STATEMENT OF THE POLICY**

Health Alliance will approve Chorionic Gonadotropins for Part D when the below criteria is met:

## **PROCEDURES**

### **1. Authorization**

- 1.1 Prior authorization is required for appropriate Part D use.
- 1.2 Approved for all FDA indications, not otherwise excluded by Part D.
- 1.3 Approval for one (1) year at a time.

### **2. Exclusion Criteria:**

- 2.1 Diagnosis or use in ovulation induction.