



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	December 14, 2012 November 13, 2015

## **Chorionic Gonadotropin** (Pregnyl® and Novarel®)

### LENGTH OF AUTHORIZATION:

- UP TO SIX MONTHS

### REVIEW CRITERIA:

- Patient must be a minimum of 4 years of age.
- Patient must have a diagnosis of **prepubertal cryptorchidism** or **hypogonadotropic hypogonadism**.
- If the request is related to fertility treatments (ovulation induction) or weight loss (obesity) the request must be denied.

### DOSING AND ADMINISTRATION:

**Prepubertal cryptorchidism not due to anatomical obstruction. Therapy is usually instituted in children between the ages of 4 and 9:**

- 4,000 USP Units intramuscularly (IM) three times weekly for three weeks.
- 5,000 USP Units IM every second day for four injections.
- 15 injections for 500 to 1,000 USP Units IM over a period of six weeks.
- 500 USP Units IM three times weekly for four to six weeks. If this course of treatment is not successful, another series is begun one month later, giving 1,000 USP Units per injection.

### **Selected cases of hypogonadotropic hypogonadism in males:**

- 500 to 1,000 USP Units IM three times a week for three weeks, followed by the same dose twice a week for three weeks.
- 4,000 USP Units IM three times weekly for six to nine months, following which the dosage may be reduced to 2,000 USP Units IM three times weekly for an additional three months.

**Dosage Form:** 1-10 mL lyophilized multiple dose vial containing: 10,000 USP Units chorionic gonadotropin per vial