Medica (formerly WellFirst Health)

Coverage of any drug intervention discussed in a Medica prior authorization guideline is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and applicable state and/or federal laws.

☒ **Commercial (Small & Large Group)** ☒ **ASO** ☒ **Exchange/ACA**
☐ **Medicare Advantage (MAPD)**

FERTILITY MEDICATIONS PA1942

Covered Service: Yes

Prior Authorization Required: Yes

Additional Information: Must be prescribed by a Reproductive Specialist with prior authorization through Navitus.

Medicare Policy: Prior authorization is not required for Medicare Cost products (Dean Care Gold) and Medicare Supplement (Select) when this drug is provided by participating providers. Prior authorization is required if a member has Medicare primary and the plan secondary coverage. This policy is not applicable to our Medicare Replacement products.

Wisconsin Medicaid Policy Coverage of prescription drug benefits is administered by the Wisconsin Medicaid program. Coverage of medical drug benefits is administered by the Wisconsin Medicaid fee-for-service program. Medical drugs not paid on a fee-for-service basis by the Wisconsin Medicaid program are covered by the plan with no PA required.

Plan Approved Criteria (approved for up to 12 months, subject to formulary and benefit changes):

1.0 Member has a primary diagnosis of infertility; and

2.0 The requested medication is NOT prescribed for artificial reproductive technology.

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Comment(s):

1.0 **NOTE: The use of physician samples or manufacturer discounts does not guarantee later coverage under the provisions of the medical certificate and/or pharmacy benefit. All criteria must be met in order to obtain coverage of the listed drug product.**

	Committee/Source	Date(s)
Document Created:	Medical Policy Committee/Health Services Division/Pharmacy Services	October 16, 2019
Revised:	Medical Policy Committee/Health Services Division/Pharmacy Services	November 18, 2020
	Medical Policy Committee/Health Services Division/Pharmacy Services	November 17, 2021
Reviewed:	Medical Policy Committee/Health Services Division/Pharmacy Services	November 18, 2020
	Medical Policy Committee/Health Services Division/Pharmacy Services	November 17, 2021
	Medical Policy Committee/Health Services Division/Pharmacy Services	November 16, 2022
	Medical Policy Committee/Health Services Division/Pharmacy Services	November 22, 2023

Effective: 12/01/2023
Published: 12/01/2023