VENTURA COUNTY
HEALTH CARE PLAN

Prior Authorization DRUG Guidelines

MENOPUR; (Menotropins)

Effective Date: 7/28/05

Date Developed: 7/14/05 by C. Wilhelmy MD

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Menopur (Menotropins) are Gonadotropin Ovulation Stimulators extracted from the urine of postmenopausal women. Menotropins stimulate the development and maturation of the ovarian follicle (FSH), cause ovulation (LH), and stimulate the development of the corpus luteum (LH). Their actions occur as a result of both follicle stimulating hormone (FSH) effects and luteinizing hormone (LH) effects, increasing the chance of pregnancy. In men, it stimulates spermatogenesis (LH).

Pre-Authorization Criteria:

For multiple follicle development and pregnancy in ovulatory women as part of an assisted reproductive technology cycle.

Off-Label: Stimulation of spermatogenesis

DOSING

Assisted reproductive technologies (females):

Initial 225 units SubQ once daily beginning on cycle day 2 or 3. Adjust dose after 5 days based on ultrasound monitoring of ovarian response and/or measurement of serum estradiol levels. Do not make additional adjustments more frequently than once every 2 days or by >150 units. Maximum daily dose: 450 units. Once follicular growth indicates an adequate ovarian response, administer hCG.

Spermatogenesis:

Following pretreatment with hCG, 75 units IM 3 times per week with hCG twice weekly until sperm is detected in the ejaculate (4 to 6 months); if response is inadequate after 6 months, may increase dosage to 150 units 3 times per week for another 6 months.

NOTE: VCHCP requires that menotropins and menopur be prescribed by an infertility specialist.

MONITORING PARAMETERS hCG levels, serum estradiol; vaginal ultrasound; in cases of suspected ovarian hyperstimulation syndrome (OHSS), monitor fluid intake and output, weight, hematocrit, serum and urinary electrolytes, urine specific gravity, BUN and creatinine, and abdominal girth.

CONTRAINDICATIONS

Females:
Hypersensitivity to menotropins or any component of the formulation; primary ovarian failure as indicated by a high follicle-stimulating hormone level; uncontrolled nongonadal endocrinopathies (eg, thyroid, adrenal, pituitary); pituitary or hypothalamic tumors; sex hormone-dependent tumors of the reproductive tract and accessory organs; abnormal uterine bleeding of undetermined origin; ovarian cyst or enlargement not due to polycystic ovary syndrome; pregnancy.

Adverse Reactions: Multiple gestation, ovarian hyperstimulation syndrome, abdominal cramps. . Serious pulmonary conditions (atelectasis, acute respiratory distress syndrome) and arterial thromboembolism have been reported. Ectopic pregnancy and congenital abnormalities have been reported.

PRECAUTIONS

Monitor for ovarian enlargement; to minimize the hazard of abnormal ovarian enlargement, use the lowest possible dose.

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3. Petak SM, Nankin HR, Spark RF, Swerdloff RS, Rodriguez-Rigau LJ; American Association of Clinical Endocrinologists. American Association of Clinical Endocrinologists medical guidelines for clinical practice for the evaluation and treatment of hypogonadism in adult male patients--2002 update

4. Shmorgun D, Claman P. No-268-the diagnosis and management of ovarian hyperstimulation syndrome. J Obstet Gynaecol Can. 2017;39(11):e479-e486.

5. Fiedler K, Ezcurra D. Predicting and preventing ovarian hyperstimulation syndrome (OHSS): the need for individualized not standardized treatment. Reprod Biol Endocrinol. 2012;10:32.

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