

Prior Authorization DRUG Guidelines

OVIDREL (Recombinanthumanchorionicgonadotropin) Effective Date: 7/28/05 Date Developed: 7/14/05 by C. Wilhelmy MD Last Approval Date: 1/26/16, 1/24/17, 1/23/18, 1/22/19, 2/18/20, 2/2/21, 8/3/21, 2/1/22, 1/31/23, 2/13/24, 2/18/25

Ovidrel is a Gonadotropin Ovulation Stimulator. It is a luteinizing hormone analogue produced by recombinant DNA techniques induces ovulation in infertile females who have been pretreated with follicle stimulating hormones (FSH).

Pre-Authorization Criteria:

Ovidrel is used as part of an assisted reproductive technology (ART) program to induce ovulation. $\overline{-}$

NOTE: VCHCP requires that Ovidrel be prescribed by an infertility specialist.

MONITORING PARAMETERS — Ultrasound and/or estradiol levels to assess follicle development; ultrasound to assess number and size of follicles; ovulation (basal body temperature, serum progestin level, menstruation, sonography).

DOSING: SubQ: 250 mcg given 1 day following the last dose of follicle stimulating agent. Use only after adequate follicular development has been determined.

NOTE: Preferred FSH preparation is Gonal

DOSAGE FORMS

Subcutaneous solution: 250 mcg/0.5 mL (0.5 mL)

CONTRAINDICATIONS — Hypersensitivity to hCG preparations or any component of the formulation; primary ovarian failure; uncontrolled thyroid or adrenal dysfunction; uncontrolled organic intracranial lesion (ie, pituitary tumor); abnormal uterine bleeding, ovarian cyst or enlargement of undetermined origin; sex hormone dependent tumors; pregnancy

PRECAUTIONS — May-cause ovarian hyperstimulation syndrome (OHSS: sudden weight gain, pelvic pain, nausea, vomiting, or shortness of breath); if severe, treatment should be discontinued and patient should be hospitalized. Not to be used if pregnant; multiple births, ectopic pregnancy, premature labor, postpartum fever, and spontaneous abortion have been reported

PATIENT EDUCATION — Instructions will be given on how to administer SubQ injections and proper disposal of syringes and needles. Report sudden weight gain, severe pelvic pain, nausea, vomiting, or shortness of breath to prescriber.

References:

- 1. Corbett S, Shmorgun D, Claman P, et al; Reproductive Endocrinology Infertility Committee. The prevention of ovarian hyperstimulation syndrome. J Obstet Gynaecol Can. 2014;36(11):1024-1033.
- 2. Ovidrel (choriogonadotropin alfa) [prescribing information]. Rockland, MA: Serono; June 2018.
- 3. The Practice Committee of the American Society for Reproductive Medicine, Birmingham, Alabama (November 2008). "Gonadotropin preparations: past, present, and future perspectives". Fertility and Sterility. 90 (5 Suppl): S13–20.
- Cole, Laurence A (2010-08-24). "Biological functions of hCG and hCG-related molecules". Reproductive Biology and Endocrinology. 8: 102.Shmorgun D, Claman P. No-268-The diagnosis and management of ovarian hyperstimulation syndrome. J Obstet Gynaecol Can. 2017;39(11):e479-e486.

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Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
1/24/17	No	Catherine Sanders, MD; Robert Sterling, MD	Annual review
1/23/18	No	Catherine Sanders, MD; Robert Sterling, MD	Annual review
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8/3/21	Yes	Howard Taekman, MD; Robert Sterling, MD	Updated dosing, contraindications, and references. Formatting changes
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1/31/23	No	Howard Taekman, MD; Robert Sterling, MD	Annual review
2/13/24	No	Howard Taekman, MD; Robert Sterling, MD	Annual review
2/18/25	Yes	Howard Taekman, MD; Robert Sterling, MD	Updated description, preauthorization criteria and dosing, precautions sections. Removed pregnancy implications section