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. 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:

Menotropin is used in conjunction with hCG to induce ovulation and pregnancy in infertile women experiencing oligoanovulation or anovulation when the cause of anovulation is functional and not caused by primary ovarian failure (Repronex®). It is also used for stimulation of multiple follicle development in ovulatory patients as part of an assisted reproductive technology (ART) (Menopur®, , Repronex®). Menotropin is used in men for stimulation of spermatogenesis in primary or secondary hypogonadotropic hypogonadism).

Repronex

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 (males) (off-label use):

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; incases 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 (FSH) level; uncontrolled thyroid and adrenal dysfunction; abnormal bleeding of undetermined origin; intracranial lesion (ie, pituitary tumor); ovarian cyst or enlargement not due to polycystic ovary syndrome; infertility due to any cause other than anovulation (except candidates for in vitro fertilization).
Males: ~~m~~ Men with normal urinary gonadotropin concentrations, elevated gonadotropin levels indicating primary testicular failure; sex hormone-dependent tumors of the reproductive tract and accessory organs; pregnancy

PRECAUTIONS

Monitor for ovarian enlargement; to minimize the hazard of abnormal ovarian enlargement, use the lowest possible dose. Serious pulmonary conditions (atelectasis, acute respiratory distress syndrome) and arterial thromboembolism have been reported. Ectopic pregnancy and congenital abnormalities have been reported.

REFERENCES

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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

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