

Injectable Gonadotropins (Fertility Medications)

Prior Authorization Criteria for the TRICARE Mail Order Pharmacy (TMOP) and the TRICARE Retail Pharmacy (TRRx) Program

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The injectable gonadotropins include follitropin alfa (Gonal-F), follitropin beta (Follistim, Follistim AQ), menotropins (Humegon, Pergonal, Repronex), and urofollitropin (Fertinex, Bravelle).

The maximum quantity of injectable gonadotropins that will be dispensed at any one time from the TRICARE Mail Order Pharmacy (TMOP) or retail network pharmacies as part of the TRICARE Retail Pharmacy (TRRx) Program is a total of 3600 IU per 30 days with no refills. For more specific information, please see the [TRICARE Pharmacy Quantity Limits page](#). This prior authorization is good for a year.

The following criteria apply to injectable gonadotropins obtained through the TRICARE Mail Order Pharmacy (TMOP) or retail network pharmacies as part of the TRICARE Retail Pharmacy (TRRx) Program. The prior authorization form for injectable gonadotropins is available on the [TRICARE Pharmacy Prior Authorization page](#).

Prior Authorization Criteria for Injectable Gonadotropins

- These drugs are not covered under the TRICARE pharmacy benefit if they are being prescribed for use in conjunction with a noncoital reproductive technology, including but not limited to artificial insemination, in vitro fertilization, or gamete intrafallopian transfer.
- The TRICARE family planning benefit outlined in the Code of Federal Regulations does not include services and supplies related to noncoital reproductive technologies.