

## CRINONE 8% (progesterone vaginal gel)

**Diagnosis Considered for Coverage:**

- Progesterone supplementation or replacement as part of an Assisted Reproductive Technology (ART) treatment for infertile women with progesterone deficiency

**Coverage Criteria:**

**For diagnosis listed above:**

- Currently pregnant, **OR**
- Currently not pregnant, and all of the following:
  - Patient is undergoing ART, **and**
  - Has supplemental infertility coverage.

**Coverage Duration:**

**Not pregnant and has supplemental coverage:** 2 weeks per request

**Pregnant:** Through the 12<sup>th</sup> week of pregnancy

Effective: 11/03/2020