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## 2025 RX GUIDE

# FERTILITY TREATMENT

Beginning January 1, 2025, insurance plans issued, sold or renewed in the District of Columbia (including individual and small group plans sold on DC Health Link, as well as large group health plans offered by your employer) will be required to cover the diagnosis and treatment of infertility. Note that this does not apply to self-insured plans, short-term health plans, or other limited benefit plans. Even if your plan renewed at any point in 2024 and doesn't again until later in 2025, your plan will cover these benefits beginning January 1, 2025.

Covered services will include but are not limited to:

- At least three complete oocyte retrievals with unlimited embryo transfers from those oocyte retrievals or from any oocyte retrieval performed prior to January 1, 2025, in accordance with the guide lines of the American Society for Reproductive Medicine (ASRM).
- Standard fertility preservation (egg freezing/cryopreservation), the length of which may depend on your physician's plan of care, reason for storage, and other medically necessary determinations.
- The medical costs related to an embryo transfer to be made from an enrollee to a third-party; except that the enrollee's coverage shall not extend to any medical costs of the surrogate or gestational carrier after the procedure. This does not include a non-enrollee transfer to a member, such as a sperm donor.
- Medically necessary ovulation enhancing drugs and medical services related to the use of such drugs.

Under the law infertility means:

- The failure to establish a pregnancy or to carry a pregnancy to live birth after regular, unprotected sexual intercourse in accordance with ASRM;
- A person's inability to reproduce without medical intervention as a single individual or with their partner; or
- Infertility is determined by a licensed physician's findings based on a patient's medical, sexual, and reproductive history, age, physical findings, or diagnostic testing.

An Insurer **may not impose pre-existing condition exclusions or pre-existing condition waiting periods** on coverage or use any prior diagnosis of or prior treatment for infertility as a basis for excluding, limiting, or otherwise restricting the availability of coverage for required benefits.

**The Rx Guide on the next page was developed by the DC Department of Insurance, Securities and Banking to provide an overview of several commonly prescribed drugs used to treat infertility, including ovulation enhancing drugs.** For each insurance company offering plans for sale on DC Health Link, the chart on the next page depicts the name of each drug along with the corresponding drug cost-sharing. **Note that some of these drugs may be covered as a medical benefit rather than a drug formulary benefit, since they may need to be administered or monitored by a physician.**

To get an idea of your out-of-pocket prescription cost, consider the "metal" level of your insurance plan. A platinum level plan will have a lower out-of-pocket cost while a bronze level plan will have a higher out-of-pocket cost. Then, reference the chart on the next page alongside the Summary of Benefits and Coverage (SBC) for your potential plan. Once you have identified the cost-sharing tier for each drug, use the corresponding SBC for each plan on DC Health Link to find the actual out-of-pocket cost-sharing of the drug.

# 2025 Fertility Treatment Rx Review Guide

Reference your Summary of Benefits Coverage when comparing these plans.

Covered Fertility Treatment Drugs	District of Columbia Insurance Companies					
	CareFirst		Kaiser		United Healthcare	
Drug Name	Restrictions	Copayment/ Coinsurance	Restrictions	Copayment/Coinsurance*	Restrictions	Copayment/Coinsurance*
<b>Clomiphene Citrate</b>						
Clomid	N/R	\$5-\$25*	N/R	\$25 - \$110; 0%-50%; Requires medical necessity	N/R	\$5-\$25^
Clomiphene Citrate (generic)	N/R	\$0-25*	N/A	\$5-20; 0%-50%	N/R	\$0-25^
<b>Synthetic Human Chorionic Gonadotropin (hCG)</b>						
Pregnyl	Not Covered		N/R	\$15 - \$110; 0%- 50%	N/R	\$25-\$100^
Novarel	Not Covered		N/R	\$25 - \$110; 0%-50%; Requires medical necessity	N/R	\$25-\$100^
Ovidrel	PA	\$100-\$150*	N/R	\$25 - \$110; 0%-50%; Requires medical necessity	N/R	\$25-\$100^
<b>Follicle Stimulating Hormone (FSH)</b>						
Follistim	Not Covered		N/R	\$15-\$110; 0%-50%	PA	\$15-\$75^
Gonal-F	PA	\$100-\$150*	N/R	\$15-\$110; 0%-50%	PA/ST	\$25-\$100^
<b>Human Menopausal Gonadotropins (hMG)</b>						
Menopur	Not Covered		N/R	\$15-\$110; 0%-50%	PA	\$25-\$100^
<b>Bromocriptine and Cabergoline</b>						
Parlodel	N/R	\$0-\$25*	N/R	\$25-\$110; 0%-50%	Not Covered <sup>1</sup>	
<b>GnRH Agonists (Analogues)</b>						
Lupron	Not Covered		N/R	\$15-\$150; 0%-50%	Not Covered	
Zoladex	Not Covered		N/R	\$15-\$110; 0%-20%	Not Covered	
Synarel	PA	\$100-\$150*	N/R	\$25-\$110; 0%-50%	N/R	\$15-\$75^
<b>GnRH Antagonists</b>						
Ganirelix Acetate	PA	\$100-\$150*	N/R	\$15-\$110; 0%-50%	N/R	\$5-\$25^
Cetrotide	Not Covered		N/R	\$25-\$110; 0%-50%	PA/ST	\$25-\$100^

**Note: Formularies are subject to change during the plan year. Please contact your insurance company for the most up to date information.**

KEY	
PA	Pre-Authorization
N/A	Not Applicable
N/C	Not Covered
N/R	No Restriction
ST	Step Therapy

\*The cost share for this drug could be a copayment or coinsurance depending on the plan.

<sup>1</sup> Generic (Bromocriptine) covered \$5-25.

^The cost share for this drug could be a copayment or coinsurance depending on the plan. Co-insurance ranges from 20%-50%.