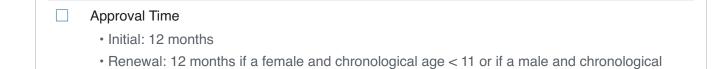
POLICY NAME Synarel (nafarelin) POLICY # 2803P

## Criteria

Coverage Criteria for Endometriosis	
	Diagnosis of endometriosis
	Documentation that member is not currently pregnant
	Age 18 years or older
	Ordered by or with an obstetrician-gynecologist (women's health doctor)
	Failure to respond, intolerance, or contraindication to systemic contraceptive (birth control) and non- steroidal anti-inflammatory drugs (NSAIDs, such as ibuprofen, naproxen)
	Documentation that member is not concurrently receiving therapy with Lupron, Zoladex, or Orilissa
	Approval Time: One time approval for 6 months of therapy  • The total duration of therapy should not exceed 6 months due to decreases in bone mineral density; retreatment is not recommended by the manufacturer

## **Coverage Criteria for Central Precocious Puberty (CPP)** Onset of symptoms of puberty (breast and genital development, development of pubic hair) before 8 years of age in females or before 9 years of age in males Blood tests show a pubertal response with a gonadotropin-releasing hormone (GnRH) agonist · luteinizing hormone (LH) and follicle-stimulating hormone (FSH) are measured by blood test LH above 3.3 to 5mIU/ml suggests CPP LH:FSH ratio greater than 0.66 suggests CPP Bone age is 2 SD beyond chronological age Documented imaging tests to rule out brain tumor or steroid secreting tumors If adrenal steroid levels are above thresholds, more tests will be used to rule out non-classical congenital adrenal hyperplasia and adrenal tumors, • Threshold for Dehydroepiandrosterone sulfate (DHEAS): 40-135mcg/dL Threshold for testosterone: 35ng/dL



Medical Director CPT Codes HCPCS Codes Criteria Purpose of the Policy

age < 12, or prescriber submits a statement of medical necessity which indicates the member requires continued therapy to prevent the onset of puberty and the request is approved by a