

<b>POLICY NAME</b>	Synarel (nafarelin)	<b>POLICY #</b>	2803P
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## 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



### Approval Time

- Initial: 12 months
  - Renewal: 12 months if a female and chronological age < 11 or if a male and chronological 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 Medical Director
- CPT Codes HCPCS Codes Criteria Purpose of the Policy