

POLICY NAME

Zoladex (goserelin)

POLICY #

2804P

Criteria

Coverage Criteria for Endometriosis

- ☐ 1.1 Diagnosis of endometriosis
- ☐ 1.2 Documentation member is not currently pregnant
- ☐ 1.3 Age 18 years or older
- ☐ 1.4 Ordered by or with an obstetrician-gynecologist (women's health doctor)
- ☐ 1.5 Failure to respond, intolerance, or contraindication to systemic contraceptive (birth control) and non-steroidal anti-inflammatory drugs (NSAIDs, such as ibuprofen, naproxen)
- ☐ 1.6 Documentation that member is not concurrently receiving therapy with Lupron, Synarel, or Orilissa
- ☐ 1.7 Approval Time: #6 implants over 6 months
 - Retreatment is not recommended because there is no safety data for retreatment available

Coverage Criteria for Endometrial Thinning

- ☐ 2.1 Documentation that member will be undergoing endometrial ablation for dysfunctional uterine bleeding
- ☐ 2.2 Approval Time: #2 implants over 6 months

Coverage Criteria for Oncology Indications

- ☐ 3.1 See the Pharmacy Oncology Regimen Review policy. CPT Codes HCPSC Codes J9202
Goserelin acetate implant, per 3.6 mg