

POLICY NAME	Zoladex (goserelin)	POLICY #	2804P
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Criteria

Coverage Criteria for Endometriosis

- ☐ Diagnosis of endometriosis
- ☐ Documentation 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, Synarel, or Orilissa
- ☐ 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

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

Coverage Criteria for Oncology Indications

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