Clinical Policy: Goserelin Acetate (Zoladex)

Reference Number: PA.CP.PHAR.171
Effective Date: 01/18
Last Review Date: 10/18 Revision Log

Description
The intent of the criteria is to ensure that patients follow selection elements established by Pennsylvania Health and Wellness® medical policy for the use of goserelin acetate (Zoladex®).

FDA Approved Indication(s)
Zoladex is indicated for:

- Use in combination with flutamide for the management of locally confined Stage T2b-T4 (Stage B2-C) carcinoma of the prostate; treatment with Zoladex and flutamide should start 8 weeks prior to initiating radiation therapy and continue during radiation therapy:
  - Zoladex – 3.6 mg implant; 10.8 mg implant
- Palliative treatment of advanced carcinoma of the prostate:
  - Zoladex – 3.6 mg implant; 10.8 mg implant
- Management of endometriosis, including pain relief and reduction of endometriotic lesions for the duration of therapy; experience with Zoladex for the management of endometriosis has been limited to women 18 years of age and older treated for 6 months:
  - Zoladex – 3.6 mg implant
- Use as an endometrial thinning agent prior to endometrial ablation for dysfunctional uterine bleeding:
  - Zoladex – 3.6 mg implant
- Use in the palliative treatment of advanced breast cancer in pre- and perimenopausal women:
  - Zoladex – 3.6 mg implant

Policy/Criteria
It is the policy of Pennsylvania Health and Wellness that Zoladex is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. **Prostate Cancer** (must meet all):
1. Diagnosis of prostate cancer;
2. Request is for Zoladex 3.6 mg and/or 10.8 mg;
3. Prescribed by or in consultation with an oncologist;
4. Request meets one of the following:
   a. Dose does not exceed 3.6 mg per month and/or 10.8 mg per 3 months;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

B. **Breast Cancer** (must meet all):
1. Diagnosis of breast cancer;

2. Request is for Zoladex 3.6 mg;
3. At the time of request, member is not pregnant;
4. Request meets one of the following:
   a. Dose does not exceed 3.6 mg per month;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

C. **Endometriosis** (must meet all):
1. Diagnosis of endometriosis is one of the following (a or b):
   a. Surgically confirmed;
   b. Clinically suspected and member has failed a 3-month trial of one of the following agents within the last year or has a documented intolerance or contraindication to the agent (i, ii, or iii):
      i. A non-steroidal anti-inflammatory drug;
      ii. An oral or depot contraceptive;
      iii. A progestin;
2. Request is for Zoladex 3.6 mg;
3. Prescribed by or in consultation with a gynecologist;
4. At the time of request, member is not pregnant;
5. Dose does not exceed 3.6 mg per month.

Approval duration:
Endometriosis: 6 months total

D. **Dysfunctional Uterine Bleeding** (must meet all):
1. Diagnosis of dysfunctional uterine bleeding;
2. Request is for Zoladex 3.6 mg;
3. Prescribed as an endometrial-thinning agent prior to endometrial ablation;
4. Prescribed by or in consultation with a gynecologist;
5. Dose does not exceed 3.6 mg per month.

Approval duration: 2 implants per ablation procedure

E. **Gender Dysphoria (off-label)** (must meet all):
1. Diagnosis of gender dysphoria as evidenced by meeting the DSM V criteria for gender dysphoria;
2. Prescribed by or in consultation with pediatric endocrinologist, adolescent medicine specialist or medical provider with experience and/or training in transgender medicine;
3. Member has psychological and social support during treatment;
4. Member does not suffer from a psychiatric comorbidity that interferes with the diagnostic work-up or treatment;
5. Member demonstrates consent and understanding of the expected outcomes of GnRH analog treatment (*For minorities, when parental consent cannot be obtained,*

exceptions are reviewed on a case by case basis and in conjunction with a behavioral health provider);

6. For adults: failure to achieve physiologic hormone levels or an intolerance with use of gender-affirming hormonal therapy (e.g., estrogen, testosterone).

Approval duration: 12 months

F. **Other diagnoses/indications:** Refer to PA.CP.PMN.53 – off-label policy.

II. Continued Approval

A. Prostate Cancer (must meet all):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met all initial approval criteria or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies;
2. Request is for Zoladex 3.6 mg and/or 10.8 mg;
3. Member is responding positively to therapy;
4. If request is for a dose increase, request meets one of the following:
   a. New dose does not exceed 3.6 mg per month and/or 10.8 mg per 3 months;
   b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence)*.

Approval duration: 12 months

B. Endometriosis (must meet all):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met all initial approval criteria or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies;
2. Request is for Zoladex 3.6 mg;
3. Member is responding positively to therapy (e.g., improvement in dysmenorrhea, dyspareunia, pelvic pain/induration/tenderness, size of endometrial lesions);
4. If request is for a dose increase, new dose does not exceed 3.6 mg per month.

Approval duration: 6 months
Total duration of therapy should not exceed 12 months.

C. Dysfunctional Uterine Bleeding (must meet all):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met all initial approval criteria or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies;
2. Request is for Zoladex 3.6 mg;
3. Member is responding positively to therapy (e.g., improvement in dysmenorrhea, dyspareunia, pelvic pain/induration/tenderness, size of endometrial lesions);
4. If request is for a dose increase, new dose does not exceed 3.6 mg per month.

Approval duration: 2 implants total per ablation procedure

D. Breast Cancer (must meet all):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met all initial approval criteria or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies;
2. Request is for Zoladex 3.6 mg;
3. Member is responding positively to therapy;
4. If request is for a dose increase, request meets one of the following:
   a. New dose does not exceed 3.6 mg per month;
   b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

E. Gender Dysmorphia (off-label) (must meet all):
1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met initial approval criteria or the Continuity of Care policy applies (*see PA.LTSS.PHAR.01*);
2. Member is responding positively to therapy;
3. Member has no known hypersensitivity to GnRH, GnRH analogs, or any of the excipient in the requested product.

Approval duration: 12 months

F. Other diagnoses/indications (must meet 1 or 2)**:**
1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met all initial approval criteria or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies; or
2. Refer to PA.CP.PMN.53 – off-label policy.

Background

Description/Mechanism of Action:

Goserelin acetate is a synthetic decapeptide analogue of GnRH and acts as an inhibitor of pituitary gonadotropin secretion when administered in the biodegradable formulation.

Formulations:

Zoladex (goserelin acetate) for subcutaneous administration:

3.6 mg implant
- Designed for continuous release over a 28-day period

10.8 mg implant
- Designed for continuous release over a 12-week period

FDA Approved Indications:

Zoladex is a GnRH agonist/subcutaneous implant indicated for:

- Use in combination with flutamide for the management of locally confined Stage T2b-T4 (Stage B2-C) carcinoma of the prostate; treatment with Zoladex and flutamide should start 8 weeks prior to initiating radiation therapy and continue during radiation therapy:
  - Zoladex – 3.6 mg implant
  - Zoladex – 10.8 mg implant
- Palliative treatment of advanced carcinoma of the prostate:

  - Zoladex – 3.6 mg implant
  - Zoladex – 10.8 mg implant
- Use in the palliative treatment of advanced breast cancer in pre- and perimenopausal women:
  - Zoladex – 3.6 mg implant
- Management of endometriosis, including pain relief and reduction of endometriotic lesions for the duration of therapy; experience with Zoladex for the management of endometriosis has been limited to women 18 years of age and older treated for 6 months:
  - Zoladex – 3.6 mg implant
- Use as an endometrial thinning agent prior to endometrial ablation for dysfunctional uterine bleeding:
  - Zoladex – 3.6 mg implant

Appendices

Appendix A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
GnRH: gonadotropin-releasing hormone
NCCN: National Comprehensive Cancer Network

Appendix B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
NSAIDs*: ibuprofen, naproxen, fenoprofen, ketoprofen, mefenamic acid, meclofenamate, indomethacin, tolmetin, diclofenac, etodolac, diflunisal, meloxicam, piroxicam	Endometriosis Varies – refer to specific prescribing information	Varies – refer to specific prescribing information
Combined oral estrogen-progesterone contraceptives*: ethinyl estradiol + (desogestrel, ethynodiol diacetate, drospirenone, etonogestrel, levonorgestrel, norelgestromin, norethindrone, norgestimate, or norgestrel); estradiol valerate + dienogest; mestranol + norethindrone	Endometriosis 1 tablet PO QD (may vary per specific prescribing information)	1 tablet per day (may vary per specific prescribing information)
Progestin-only oral contraceptives*: norethindrone	Endometriosis 0.35 mg PO QD	0.35 mg PO QD
Depot progestin contraceptive*: medroxyprogesterone acetate	Endometriosis IM: 150 mg per 3 months (every 13 weeks) SC: 104 mg per 3 months (every 12-14 weeks)	See regimen

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.
**Examples provided may not be all-inclusive*

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Hypersensitivity
  - Pregnancy unless used for treatment of advanced breast cancer

- Boxed warning(s): None reported

Coding Implications
Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J9202	Goserelin acetate implant, per 3.6 mg

Reviews, Revisions, and Approvals	Date	Approval Date
4Q 2018 annual review: no significant changes; for oncology, summarized NCCN and FDA-approved uses for improved clarity (limited to diagnosis); specialist involvement in care and continuation of care added; references reviewed and updated.	08/18	

References
1. Zoladex (3.6 mg) Prescribing Information. Wilmington, DE: AstraZeneca Pharmaceuticals LP; July 2017. Available at https://www.zoladexhcp.com. Accessed July 30, 2018.
2. Zoladex (10.8 mg) Prescribing Information. Wilmington, DE: AstraZeneca Pharmaceuticals LP; July 2017. Available at https://www.zoladexhcp.com. Accessed July 30, 2018.
3. National Comprehensive Cancer Network Drugs and Biologics Compendium. Goserelin acetate. Available at nccn.org. Accessed July 30, 2018.
4. National Comprehensive Cancer Network. Prostate cancer (Version 3.2018). Available at nccn.org. Accessed July 30, 2018.
5. National Comprehensive Cancer Network. Breast cancer (Version 1.2018). Available at nccn.org. Accessed July 30, 2018.
6. Committee on Practice Bulletins - Gynecology. Management of endometriosis. July 2010 (reaffirmed 2016); 116(1): 223-236.