

Corporate Medical Policy

Goserelin Acetate (Zoladex)

File Name: goserelin_acetate_zoladex
Origination: 9/2016
Last CAP Review: 8/2020
Next CAP Review: 8/2021
Last Review: 8/2020

Description of Procedure or Service

Goserelin Acetate (Zoladex) is a Gonadotropin Releasing Hormone (GnRH) agonist indicated for locally confined carcinoma of the prostate, palliative treatment of advanced carcinoma of the prostate and palliative treatment of advanced breast cancer.

Goserelin is similar to a natural hormone made by the body (luteinizing hormone releasing hormone-LHRH). It works by decreasing testosterone and estrogen hormones in individuals. This effect helps to slow or stop the growth of certain cancer cells and uterine tissue that need these hormones to grow and spread.

*****Note: This Medical Policy only applies to Goserelin Acetate (Zoladex) when used for the treatment of clinical oncologic conditions.**

*****Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Policy

BCBSNC will provide coverage for Goserelin Acetate (Zoladex) when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Goserelin Acetate (Zoladex) is covered

Goserelin Acetate (Zoladex) may be considered medically necessary for the treatment of breast cancer in menopausal or pre-and peri-menopausal individuals (or in individuals with concomitant suppression of testicular steroidogenesis) with hormone receptor positive breast cancer:

- For advanced breast cancer; **Or**
- In combination with adjuvant endocrine therapy

Goserelin Acetate (Zoladex)

Goserelin Acetate (Zoladex) may be considered medically necessary for the treatment of prostate cancer when any of the following indications are met:

- Clinically localized disease with intermediate (T2b to T2c cancer, Gleason score of 7, or prostate specific antigen (PSA) value of 10-20 ng/mL) or higher risk of recurrence as neoadjuvant therapy with radiation therapy or cryosurgery; **Or**
- Following radical prostatectomy as adjuvant therapy when lymph node metastases are present; **Or**
- Locally advanced disease; **Or**
- Other advanced, recurrent, or metastatic disease.

When Goserelin Acetate (Zoladex) is not covered

Goserelin Acetate (Zoladex) is considered not medically necessary for the treatment of breast cancer when the criteria above are not met.

Goserelin Acetate (Zoladex) is considered not medically necessary for the treatment of prostate cancer when the criteria above are not met.

Policy Guidelines

Goserelin Acetate (Zoladex) 3.6 mg should be administered subcutaneously every 28 days

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: J9202, S0353, S0354

ICD-10 Codes: C00.0-C49.9, C4A.0-C4A.9, C50.011-C79.9, C7A.00-C7A.8, C7B.00-C7B.8, C80.0-C86.6, C88.2-C96.Z, D00.00-D09.9, Z51.11, Z51.12

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

U.S. Food and Drug Administration (FDA). Available at:
http://www.accessdata.fda.gov/drugsatfda_docs/label/2015/019726s059,020578s0371bl.pdf

Medical Director review 9/2016

Specialty Matched Consultant Advisory Panel review 8/2017

Specialty Matched Consultant Advisory Panel review 8/2018

Specialty Matched Consultant Advisory Panel review 8/2019

Specialty Matched Consultant Advisory Panel review 8/2020

Goserelin Acetate (Zoladex)

Policy Implementation/Update Information

- 12/30/16 New policy developed. Goserelin Acetate (Zoladex) may be considered medically necessary for the treatment of advanced breast cancer in menopausal or pre-and perimenopausal individuals with hormone receptor positive breast cancer and for clinically localized or advanced prostate cancer. Reference added. Added ICD-10 diagnoses codes and HCPCS codes S0353 and S0354 to the “Billing/Coding” section. Medical Director review 9/2016. Notification given 12/30/16 for effective date 4/1/17. (lpr)
- 9/29/17 Specialty Matched Consultant Advisory Panel review 8/30/2017. No change to policy statement. (lpr)
- 10/12/18 Specialty Matched Consultant Advisory Panel review 8/22/2018. No change to policy statement. (krc)
- 10/1/19 Specialty Matched Consultant Advisory Panel review 8/21/2019. No change to policy statement. (krc)
- 9/22/20 Specialty Matched Consultant Advisory Panel review 8/19/2020. No change to policy intent. (krc)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.