AETNA BETTER HEALTH® Coverage Policy/Guideline			
Name:	Zoladex	Page:	1 of 6
Effective Date:	1/1/2024	Last Review Date:	11/2023
Applies to:	☐Illinois ☒New Jersey ☒Pennsylvania Kids	☐Florida ☐Maryland ☐Virginia	☐Michigan ☐Florida Kids ☐Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Zoladex under the patient's prescription drug benefit.

Description:

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications
   1. Prostate cancer
      a. 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.
      b. In the palliative treatment of advanced carcinoma of the prostate.
   2. Endometriosis
      For the 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 strength only)
   3. Endometrial thinning
      For use as an endometrial-thinning agent prior to endometrial ablation for dysfunctional uterine bleeding. (Zoladex 3.6 mg strength only)
   4. Advanced breast cancer
      For use in the palliative treatment of advanced breast cancer in pre-and perimenopausal women.

B. Compendial Uses
   1. Breast cancer
   2. Prostate cancer
   3. Gender dysphoria (also known as gender non-conforming or transgender persons)
   4. Preservation of ovarian function
   5. Prevention of recurrent menstrual related attacks in acute porphyria
   6. Uterine leiomyomata (fibroids)

7. Treatment of chronic anovulatory uterine bleeding with severe anemia

All other indications are considered experimental/investigational and not medically necessary.

Per state regulatory guidelines around gender dysphoria, age restrictions may apply.

Applicable Drug List:

Zoladex

Policy/Guideline:

Exclusions:
Coverage will not be provided for members with any of the following exclusions: Use of the 10.8 mg strength for diagnoses other than prostate cancer, breast cancer, and gender dysphoria.

Documentation:
Submission of the following information is necessary to initiate the prior authorization review: Hormone receptor status testing results (where applicable).

Prescriber Specialty:
For gender dysphoria, the medication must be prescribed by or in consultation with a provider specialized in the care of transgender youth (e.g., pediatric endocrinologist, family or internal medicine physician, obstetrician-gynecologist) that has collaborated care with a mental health provider for patients less than 18 years of age.

Criteria for Initial Approval:

A. Breast Cancer
Authorization of 12 months may be granted for the treatment of hormone receptor-positive breast cancer.

B. Prostate Cancer
Authorization of 12 months may be granted for treatment of prostate cancer.

C. Endometriosis
Authorization of a total of 6 months may be granted to members for treatment of endometriosis.

D. Endometrial-thinning agent

1. Authorization of 2 doses may be granted for endometrial thinning prior to endometrial ablation or resection for dysfunctional uterine bleeding.
2. Authorization of a total of 6 months may be granted for treatment of chronic anovulatory uterine bleeding with severe anemia.

E. Gender Dysphoria

Requests for gender dysphoria do not require trial and failure of a preferred product.

1. Authorization of 12 months may be granted for pubertal hormonal suppression in an adolescent member when all of the following criteria are met:
   i. The member has a diagnosis of gender dysphoria.
   ii. The member is able to make an informed decision to engage in treatment.
   iii. The member has reached Tanner stage 2 of puberty or greater.
   iv. The member's comorbid conditions are reasonably controlled.
   v. The member has been educated on any contraindications and side effects to therapy.
   vi. The member has been informed of fertility preservation options.
2. Authorization of 12 months may be granted for gender transition when all of the following criteria are met:
   i. The member has a diagnosis of gender dysphoria.
   ii. The member is able to make an informed decision to engage in treatment.
   iii. The member will receive the requested medication concomitantly with gender-affirming hormones.
   iv. The member's comorbid conditions are reasonably controlled.
   v. The member has been educated on any contraindications and side effects to therapy.
   vi. The member has been informed of fertility preservation options.

F. Preservation of ovarian function

Authorization of 3 months may be granted for preservation of ovarian function when the member is premenopausal and undergoing chemotherapy.

G. Prevention of recurrent menstrual related attacks in acute porphyria

Authorization of 12 months may be granted for prevention of recurrent menstrual related attacks in members with acute porphyria when the requested medication is prescribed by or in consultation with a physician experienced in the management of porphyrias.

H. Uterine leiomyomata (fibroids)

Authorization of a total of 3 months may be granted for treatment of uterine leiomyomata (fibroids) prior to surgery.

Continuation of Therapy:

A. Breast cancer

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization who are experiencing clinical benefit to therapy and who have not experienced an unacceptable toxicity.

B. Prostate cancer

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization who are experiencing clinical benefit to therapy (e.g., serum testosterone less than 50 ng/dL) and who have not experienced an unacceptable toxicity.

C. Gender dysphoria

1. Authorization of 12 months may be granted for continued treatment for pubertal hormonal suppression in adolescent members requesting reauthorization when all of the following criteria are met:
   i. The member has a diagnosis of gender dysphoria.
   ii. The member is able to make an informed decision to engage in treatment.
   iii. The member has previously reached Tanner stage 2 of puberty or greater.
   iv. The member's comorbid conditions are reasonably controlled.
   v. The member has been educated on any contraindications and side effects to therapy.
   vi. Before the start of therapy, the member has been informed of fertility preservation options.
2. Authorization of 12 months may be granted for continued treatment for gender transition in members requesting reauthorization when all of the following criteria are met:
   i. The member has a diagnosis of gender dysphoria.
   ii. The member is able to make an informed decision to engage in treatment.
   iii. The member will receive the requested medication concomitantly with gender-affirming hormones.
   iv. The member's comorbid conditions are reasonably controlled.
   v. The member has been educated on any contraindications and side effects to therapy.

vi. Before the start of therapy, the member has been informed of fertility preservation options.

D. All members (including new members) requesting authorization for continuation of therapy for the specified indications below must meet all initial authorization criteria:

1. Endometriosis
2. Endometrial-thinning agent
3. Preservation of ovarian function
4. Prevention of recurrent menstrual related attacks in acute porphyria
5. Uterine leiomyomata (fibroids)

Approval Duration and Quantity Restrictions:

Approval:

- Endometriosis: 6 months
- Endometrial-thinning agent:
  - 2 doses for endometrial thinning prior to endometrial ablation or resection for dysfunctional uterine bleeding
  - Total of 6 months for chronic anovulatory uterine bleeding with severe anemia
- Preservation of ovarian function and uterine leiomyomata (fibroids): 3 months
- All others: 12 months

References:

1. Zoladex 3.6mg [package insert]. Deerfield, IL: TerSera Therapeutics LLC; December 2020.
2. Zoladex 10.8mg [package insert]. Deerfield, IL: TerSera Therapeutics LLC; December 2020.
3. The NCCN Drugs & Biologics Compendium® © 2023 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed February 6, 2023.
4. DRUGDEX® System (electronic version). Micromedex Truven Health Analytics, Greenwood Village, Colorado, USA. Available at: www.micromedexsolutions.com. Accessed November 7, 2022.
5. Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab.* 2017:102(11):3869–3903.
6. Gender Identity Research and Education Society. Guidance for GPs and other clinicians on the treatment of gender variant people. UK Department of Health. Published March 10, 2008.
7. Standards of care for the health of transsexual, transgender, and gender-nonconforming people, 7th version. ©2012 World Professional Association for Transgender Health. Available at http://www.wpath.org.

8. Noguchi S, Kim HJ, Jesena A, et al. Phase 3, open-label, randomized study comparing 3-monthly with monthly goserelin in pre-menopausal women with estrogen receptor-positive advanced breast cancer. *Breast Cancer (Tokyo, Japan)*. 2016;23(5):771-779. doi:10.1007/s12282-015-0637-4.
9. Moore HCF, Unger JM, Phillips K-A, et al. Goserelin for ovarian protection during breast-cancer adjuvant chemotherapy. *N Engl J Med.* 2015;372:923-32. doi:10.1056/NEJMoa1413204.
10. Clowse MEB, Behera MA, Anders CK, et al. Ovarian preservation by GnRH agonists during chemotherapy: a meta-analysis. *J Womens Health (Larchmt)*. 2009 Mar; 18(3): 311–319. doi:10.1089/jwh.2008.0857.
11. Oktay K, Harvey BE, et al: Fertility Preservation in Patients With Cancer: ASCO Clinical Practice Guideline Update. Journal of Clinical Oncology 36:1994-2003, 2018.
12. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Breast Cancer. Version 4.2022. https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf. Accessed October 31, 2022.
13. Stein P, Badminton M, Barth J, Rees D, Stewart MF; British and Irish Porphyria Network. Best practice guidelines on clinical management of acute attacks of porphyria and their complications. Ann Clin Biochem. 2013 May;50(Pt 3):217-23.
14. Innala, E, Bäckström, T, Bixo, M, Andersson, C. Evaluation of gonadotrophin-releasing hormone agonist treatment for prevention of menstrual-related attacks in acute porphyria. *Acta Obstet Gynecol Scand* 2010;89:95–100.
15. Mahfouda S, Moore JK, Siafarikas A, et al. Puberty Suppression in Transgender Children and Adolescents. *Lancet Diabetes Endocrinol*. 2017; 5: 816-26.
16. Health Care for Transgender and Gender Diverse Individuals. ©2021 The American College of Obstetricians and Gynecologists. Available at: https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/03/health-care-for-transgender-and-gender-diverse-individuals.