

PHARMACY POLICY STATEMENT

Marketplace

DRUG NAME	Zoladex (goserelin acetate)
BILLING CODE	Must use a valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home/Office
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) QUANTITY LIMIT— see “Dosage allowed” below
LIST OF DIAGNOSES CONSIDERED NOT MEDICALLY NECESSARY	Click Here

Zoladex (goserelin acetate) is a **non-preferred** product and will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:



For