



OBSTETRICS AND GYNAECOLOGY  
CLINICAL PRACTICE GUIDELINE

# Goserelin Prescribing

<b>Scope (Staff):</b>	WNHS Obstetrics and Gynaecology Directorate staff
<b>Scope (Area):</b>	Obstetrics and Gynaecology Directorate clinical areas at WNHS

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## Aim

To provide guidance and structure regarding the prescribing of goserelin at WNHS in order to improve governance over prescribing high-cost medications.

## Background

In 2017, a medication usage review conducted by the pharmacy and gynaecology departments demonstrated that goserelin is frequently prescribed for various gynaecological conditions despite being a high-cost medication.

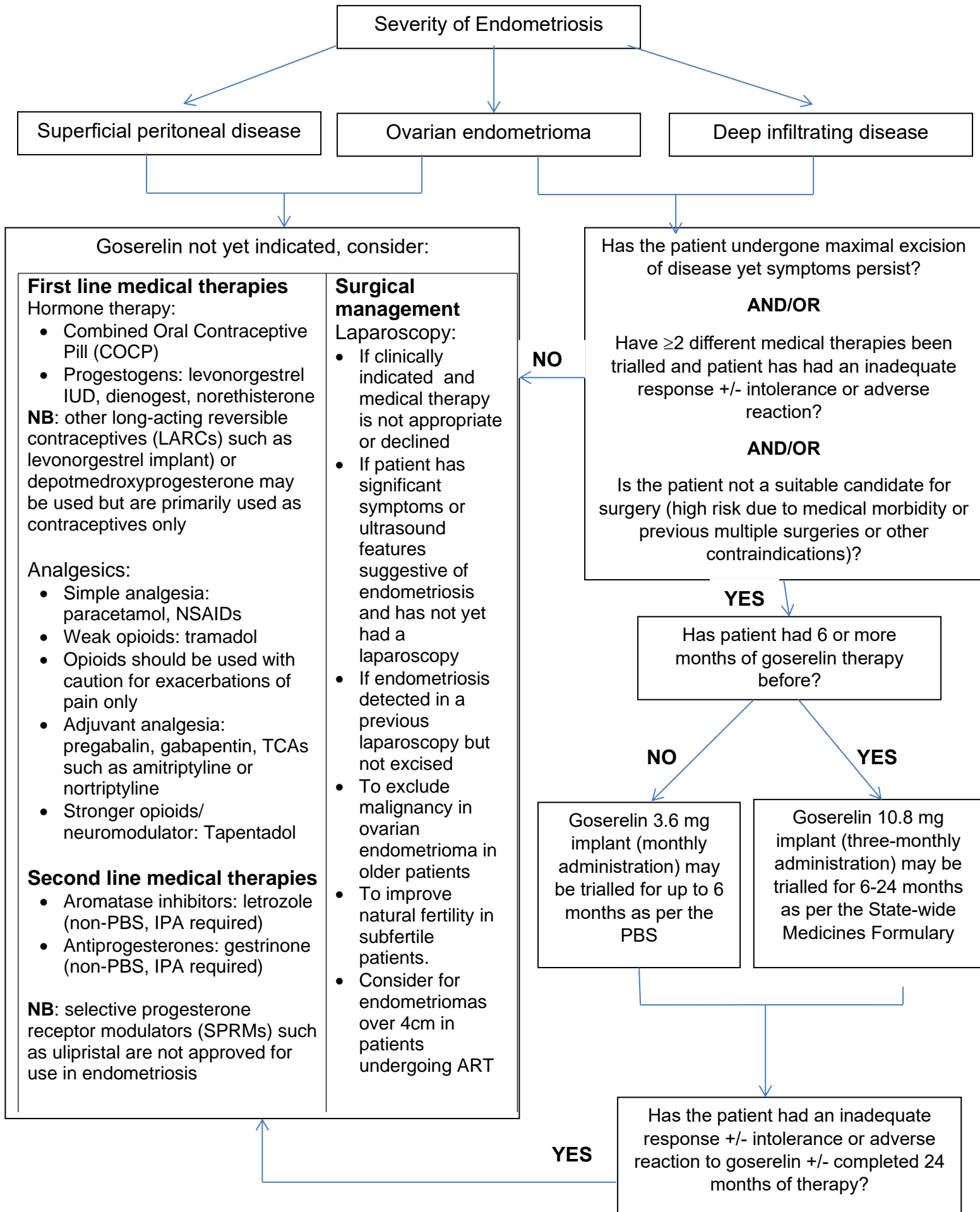
In the literature and in the aforementioned audit, goserelin has been shown to be an effective treatment for conditions such as endometriosis, fibroids (symptom management and reduction in fibroid size pre-myomectomy), chronic pelvic pain and refractory heavy menstrual bleeding (HMB). The medication usage review discovered that goserelin is often prescribed before other, less costly, medications have been trialled and before standard surgical procedures have been performed. The duration of goserelin therapy is often limited due to cost to both the hospital and patient and adverse effects, most notably reduction in bone mineral density (BMD).

## Goserelin prescribing principles

Goserelin is a gonadotrophin releasing hormone (GnRH) agonist with a longer half-life than endogenous GnRH. Goserelin binds to receptors in the pituitary, inhibiting gonadotrophin production resulting in suppression of ovarian steroidogenesis. Adverse effects are mostly due to the induced hypoestrogenic state and may include hot flushes, vaginal dryness, decreased libido, mood swings, breast tenderness, headaches and bone mineral depletion. Thus, regular bone mineral density (BMD) scans are recommended before and during treatment with goserelin. To minimise adverse effects, addback therapy is usually commenced. Options include tibolone or hormone replacement therapy (HRT) with or without vaginal oestrogen. Combined addback therapy must be given where the uterus is in situ. The amount of oestrogen and progesterone necessary to prevent hot flushes and bone mineral loss is less than that which would stimulate endometriosis. The recommended maximum duration of therapy is 24 months.



## Endometriosis quick reference guide (QRG): Goserelin prescribing protocol



## Endometriosis- RANZCOG guidance

For health care practitioners who diagnose and manage people with suspected or confirmed endometriosis or adenomyosis, see also RANZCOG [Australian Living Evidence Guideline: Endometriosis Guideline](#) (external website, PDF, 4.4MB).

## References and resources

### Bibliography

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## Related WNHS policies, procedures and guidelines

### [WNHS Obstetrics and Gynaecology Guidelines](#):

- Menstrual Bleeding: Heavy
- Pain: Acute on Chronic Pelvic Pain Management









### [WNHS Pharmacy: Obstetrics and Gynaecology Medication Guidelines](#) (Adult):

- Goserelin Monograph

## Useful resources

- RANZCOG (external websites)
  - Patient information resource: [Endometriosis](#) (external website)
  - Guideline and resources for patients and clinicians: [Australian Living Evidence Guideline: Endometriosis](#) including Guideline: [Australian Living Evidence Guideline: Endometriosis](#) (external websites)
  - [The Initial Management of Chronic Pelvic Pain](#) (external website)
- European Society of Human Reproduction and Embryology (ESHRE) [Guideline: Guideline on the management of women with endometriosis](#) (external website)
- WNHS Pharmacy Department Medication Usage Review: Goserelin (Zoladex®)

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### Version history

Version number	Date	Summary
1	Aug 2025	<p>First version.</p> <p><b>History:</b> In Aug 2025 this guideline was split back into an individual document. Previously: The content in this guideline formed one chapter of the larger document 'Gynaecology (non-oncological)'. Contact OGD Guideline Coordinator for previous versions.</p> <p><b>Changes in this version:</b></p> <ul style="list-style-type: none"> <li>• Prescribing restrictions and medication content covered in the Goserelin Medication Monograph has been removed</li> <li>• Added link to new RANZCOG Living Evidence Endometriosis guideline</li> <li>• Removed 'non-PBS' from Dienogest- is now on PBS</li> </ul>

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