Vantas® (histrelin acetate)  
(Subcutaneous implant)  

Last Review Date: January 1, 2020  
Number: MG.MM.PH.109

Medical Guideline Disclaimer

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LENGTH OF AUTHORIZATION

Coverage will be provided for 12 months and may be renewed.

DOsing LIMITS

Max Units (per dose and over time) [Medical Benefit]:

- 1 billable unit per 12 months

Guideline

I. INITIAL APPROVAL CRITERIA

Coverage is provided in the following conditions:

Advanced Prostate Cancer †

- Patient is 18 years or older

† FDA Approved Indication(s)

II. RENEwAL CRITERIA

Coverage can be renewed based upon the following criteria:

- Patient continues to meet the criteria in section I; AND
- Tumor response with stabilization of disease or decrease in size of tumor or tumor spread; AND
• Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include:
  QT/QTc interval prolongations, cardiovascular disease, spinal cord compression, urinary tract
  obstruction, severe hyperglycemia, etc.

Limitations/Exclusions
SANDOSTATIN is not considered medically necessary for indications other than those listed above due to
insufficient evidence of therapeutic value.

Applicable Procedure Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>J9225</td>
<td>Histrelin implant (Vantas), 50 mg: 1 billable unit = 50 mg</td>
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</table>

Applicable NDCs

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<tr>
<th>Code</th>
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<tbody>
<tr>
<td>67979-0500-xx</td>
<td>Vantas 50 mg implant</td>
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Applicable Diagnosis Codes

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
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<td>C61</td>
<td>Malignant neoplasm of prostate</td>
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<tr>
<td>Z85.46</td>
<td>Personal history of malignant neoplasm of prostate</td>
</tr>
</tbody>
</table>

Revision History

N/A

References

1. VANTAS [PACKAGE INSERT]. MALVERN, PA; ENDO PHARMACEUTICALS SOLUTIONS, INC;

2. REFERENCED WITH PERMISSION FROM THE NCCN DRUGS & BIOLOGICS COMPENDIUM (NCCN
   COMPENDIUM®) FOR HISTRELIN ACETATE. NATIONAL COMPREHENSIVE CANCER NETWORK, 2018.
   THE NCCN COMPENDIUM® IS A DERIVATIVE WORK OF THE NCCN GUIDELINES®.
   NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, AND NCCN GUIDELINES® ARE TRADEMARKS OWNED
   BY THE NATIONAL COMPREHENSIVE CANCER NETWORK, INC." TO VIEW THE MOST RECENT AND COMPLETE
   VERSION OF THE COMPENDIUM, GO ONLINE TO NCCN.ORG. ACCESSED MARCH 2018.

3. FIRST COAST SERVICE OPTIONS, INC. LOCAL COVERAGE DETERMINATION (LCD): LUTEINIZING
   HORMONE-RELEASING HORMONE (LHRH) ANALOGS (L33685). CENTERS FOR MEDICARE & MEDICAID

4. NOVITAS SOLUTIONS, INC. LOCAL COVERAGE DETERMINATION (LCD): LUTEINIZING HORMONE-
   RELEASING HORMONE (LHRH) ANALOGS (L34822). CENTERS FOR MEDICARE & MEDICAID SERVICES, INC.