Vantas® (histrelin acetate)
(Subcutaneous implant)

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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Applicable NDCs

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

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<tr>
<th>Code</th>
<th>Description</th>
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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>
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</tbody>
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Revision History

N/A

References

1.  VANTAS [PACKAGE INSERT]. MALVERN, PA; ENDO PHARMACEUTICALS SOLUTIONS, INC; JUNE 2017. ACCESSED MARCH 2018.

