Medical Policy:
ALPROSTADIL (Medicaid Patients ONLY)

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.363	August 9, 2023	October 20, 2022

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The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as "EmblemHealth"), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Per the New York State Department of Health guidance, prescription drugs, including alprostadil, are not covered by the Medicaid program when prescribed to treat sexual or erectile dysfunction. Such drugs are not covered unless prescribed to treat a condition other than sexual or erectile dysfunction for which the drug has been approved by the FDA.

Length of Authorization **1 month** - If patient is on the sex offender list and the request is approved by the medical director, that approval must be limited to a maximum of 30 days' supply. Renewal must be requested every 30 days with verification of Erectile Dysfunction Verification System (EDVS) status upon every request every 30 days

Dosing Limits [Medical Benefit]

Guideline

1. **Erectile Dysfunction**
   A. Per the New York State Department of Health guidance, prescription drugs, including alprostadil, are not covered by the Medicaid program when prescribed to treat sexual or erectile dysfunction. Such drugs

are not covered unless prescribed to treat a condition other than sexual or erectile dysfunction for which the drug has been approved by the FDA; **AND**

B. Erectile Dysfunction Verification System (EDVS) status has been checked

Applicable Procedure Codes

Code	Description
J0270	Injection, alprostadil, 1.25mg (used for Medicare when drug administer under direct physician supervision, not for use when drug is self-administered)
J0275	Alprostadil urethral suppository, administered under direct physician supervision, excluded self-administration

Applicable NDCs

Code	Description
00009-5133-08	Caverject (alprostadil) 20mcg injection
00009-3701-05	Caverject (alprostadil) 20 mcg injection
00009-3701-08	Caverject (alprostadil) 20 mcg injection
00009-7686-04	Caverject (alprostadil) 40 mcg injection
00009-7686-01	Caverject (alprostadil) 40 mcg injection
00037-8120-01	Muse (alprostadil) 250mcg urethral suppository
00037-8120-06	Muse (alprostadil) 250mcg urethral suppository
00037-8140-01	Muse (alprostadil) 1000mcg urethral suppository
00037-8140-06	Muse (alprostadil) 1000mcg urethral suppository
00037-8110-01	Muse (alprostadil) 125mcg urethral suppository
00037-8130-06	Muse (alprostadil) 500mcg urethral suppository
00037-8130-01	Muse (alprostadil) 500mcg urethral suppository
52244-0010-06	Edex (alprostadil) 10mcg injection
52244-0040-06	Edex (alprostadil) 40mcg injection
52244-0040-02	Edex (alprostadil) 40mcg injection
52244-0020-06	Edex (alprostadil) 20mcg injection
52244-0020-02	Edex (alprostadil) 20mcg injection
52244-0010-02	Edex (alprostadil) 10mcg injection
00009-5182-01	Caverject Impulse (alprostadil) 20mcg injection
00009-5181-01	Caverject Impulse (alprostadil) 10mcg injection

ICD-10 Diagnoses

Code	Description
F52.21	Male erectile dysfunction, psychogenic impotence
N52.0	Vasculogenic erectile dysfunction
N52.01	Erectile Dysfunction due to arterial insufficiency
N52.02	Corpor-venous occlusive erectile dysfunction
N52.03	Combined arterial insufficiency and corpora-venous occlusive erectile dysfunction

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N52.1	Erectile dysfunction due to diseases classified elsewhere
N52.2	Drug induced erectile dysfunction
N52.3	Post-procedural erectile dysfunction
N52.8	Other male erectile dysfunction
N52.9	Male erectile dysfunction, unspecified

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	8/9/2023	Annual Review: No criteria changes
EmblemHealth & ConnectiCare	10/20/2022	New Policy

References

1. Product Information: CAVERJECT® intracavernosal injection, alprostadil intracavernosal injection. Pharmacia & Upjohn Co (per FDA), New York, NY, 2017.
2. Product Information: edex® intracavernous injection powder for solution, alprostadil intracavernous injection powder for solution. Endo Pharmaceuticals Inc (per FDA), Malvern, PA, 2018.
3. Product Information: MUSE® urethral suppositories, alprostadil urethral suppositories. Meda Pharmaceuticals (per manufacturer), Somerset, NJ, 2014.
4. New York State Medicaid Update September 2021 Volume 37-Number 11. Available at: https://www.health.ny.gov/health_care/medicaid/program/update/2021/no11_2021-09.htm. Accessed on: October 20th 2022.

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