



Missouri Care

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona

OneCare (Care1st Health Plan Arizona, Inc.)

Staywell of Florida

Children's Medical Services Health Plan (CMS Health Plan)

WellCare (Arizona, Arkansas, California, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)

WellCare Prescription Insurance

WellCare Texan Plus (Medicare – Dallas & Houston markets)

**Vantas® (histrelin acetate)
Implant for the Treatment of
Advanced Prostate Cancer**

Policy Number: HS-101

Original Effective Date: 5/7/2009

**Revised Date(s): 5/28/2010; 7/18/2011;
5/3/2012; 12/6/2012; 1/9/2014; 1/8/2015;
11/5/2015; 11/3/2016; 9/7/2017; 9/6/2018**

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

BACKGROUND

VANTAS® (histrelin implant) is a sterile, non-biodegradable, diffusion-controlled HYDRON® polymer reservoir containing histrelin acetate, a synthetic nonapeptide analog of the naturally occurring gonadotropin releasing hormone (GnRH), also known as luteinizing hormone releasing hormone (LH-RH), possessing a greater potency than the natural sequence hormone. VANTAS is designed to deliver approximately 50 µg histrelin per day over 12 months. The recommended dose of histrelin is one 50 mg implant inserted subcutaneously for 12 months. The implant must be removed 12 months after insertion. At the time the implant is removed, another implant may be inserted to continue therapy.

Histrelin acetate, an LH-RH agonist, acts as a potent inhibitor of gonadotropin secretion when given continuously in therapeutic doses. Both animal and human studies indicate that following an initial stimulatory phase, chronic, subcutaneous administration of histrelin acetate desensitizes responsiveness of the pituitary gonadotropin which, in turn, causes a reduction in testicular steroidogenesis.

In humans, administration of histrelin acetate results in an initial increase in circulating levels of luteinizing hormone (LH) and follicle-stimulating hormone (FSH), leading to a transient increase in concentration of gonadal steroids (testosterone and dihydrotestosterone in males). However, continuous administration of histrelin acetate results in decreased levels of LH and FSH. In males, testosterone is reduced to castrate levels. These decreases occur within 2 to 4 weeks after initiation of treatment. Histrelin acetate is not active when given orally. The VANTAS[®] implant looks like a small thin flexible tube and consists of a 50-mg histrelin acetate drug core inside a 3.5 cm by 3 mm, cylindrical HYDRON[®] polymer reservoir.

In an open-label, multicenter, single-arm study in 138 men with prostate cancer who received one 50 mg histrelin implant, medical castration (defined as serum total testosterone concentrations of 50 ng/dL or less) was achieved in 100% of 134 evaluable patients on day 28, and in 100% of 115 evaluable patients at week 52. Serum prostate specific antigen (PSA) concentrations, a secondary end-point in this study, decreased to within normal limits by week 24 in 103 of 111 evaluable patients (93%). Breakthrough, an increase in serum testosterone concentrations to 50 ng/dL or more following achievement of medical castration, was reported in four of 134 patients (approximately 3%); in two of these patients, the implant may have been expelled without the patient's knowledge (since it could neither be palpated nor visualized with ultrasound) and in one patient, lab error may have caused the aberrant value. After 52 weeks of therapy, a total of 113 patients underwent removal of the first implant and insertion of a second implant for another year of therapy. In 68 of these patients, serum testosterone concentrations were measured on day two or three and on day seven after insertion of the second implant to assess the "acute-on-chronic" phenomenon; no acute increase in serum testosterone was observed in any of the patients following insertion of the new implant. Medical castration was maintained in all patients throughout the second year of treatment.

Common side effects reported in adults are those typical of hypogonadism. Hot flashes were the most common adverse event reported, occurring in approximately 65% of patients. The agent can cause erectile dysfunction, testicular atrophy, gynecomastia, and decreased libido. Other side-effects have included implant site reactions (e.g., bruising, pain/soreness/tenderness, and erythema), fatigue, and renal impairment. Long-term therapy (greater than six months) with GnRH agonists has a detrimental effect on bone mass, causing a reduction in bone mineral density. Although this effect is partially reversible, bone mineral density may remain below pretreatment values for more than one year after discontinuation. The signs and symptoms of prostate cancer may worsen during the first weeks of treatment because histrelin may initially cause a transient increase in serum testosterone levels.

POSITION STATEMENT

Applicable To:

- Medicaid – All Markets
- Medicare – All Markets
- Medicaid – Florida (CMS Health Plan - CHIP)

Exclusions and Contraindications

Vantas[®] is contraindicated in the following circumstances:

- Member has had a bilateral orchiectomy; **OR**,
- Member has a life expectancy less than one year; **OR**,
- Member is hypersensitive to GnRH, GnRH agonist analogs or any of the components of Vantas[®]

Coverage

Vantas[®] (histrelin acetate) **is considered medically necessary** for the palliative treatment of advanced prostate cancer when ALL of the following criteria are met:

- There is a medical need for the implant (e.g. mobility or compliance issues, inability to receive daily injections); **AND**,
- There is a documented diagnosis of cancer of the prostate; **AND**,
- There is a demonstrated response to luteinizing hormone-releasing hormone (LHRH) agonists confirmed by periodic measurement of testosterone and PSA levels; **AND**,
- The member has a life expectancy of more than one year; **AND**,
- The member has not had a bilateral orchiectomy.

CODING

Covered CPT[®]* Codes

11981	Insertion, Non-Biodegradable Drug Delivery Implant
11982	Removal, Non-Biodegradable Drug Delivery Implant
11983	Removal with Reinsertion of Non-Biodegradable Drug Delivery Implant

Covered HCPCS Code

J9225	Histrelin Implant (Vantas [®]), 50 MG
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Covered ICD-10-PCS Codes

0XP63YZ	Removal of other device from right upper extremity, percutaneous approach
0XP64YZ	Removal of other device from right upper extremity, percutaneous endoscopic approach
0XP73YZ	Removal of other device from left upper extremity, percutaneous approach
0XP74YZ	Removal of other device from left upper extremity, percutaneous endoscopic approach
3E013VJ	Introduction of other hormone into subcutaneous tissue, percutaneous approach

Covered ICD-10-CM Diagnosis Code

C61	Malignant neoplasm of prostate
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Non-Covered ICD-10-CM Diagnosis Codes

T50.995A – T50.995S	Adverse effect of other drugs, medicaments and biological substances
T78.40XA - T78.40XS	Allergy, NOS (specifically to GnRH or GnRH agonist analogs or any components of Vantas [®])
T88.7XXA - T88.7XXS	Unspecified adverse effect of drugs or medicament
Z90.79	Acquired absence of other genital organ(s)

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES

1. Local coverage determination for luteinizing hormone-releasing hormone (LHRH) analogs (L33685). Centers for Medicare and Medicaid Services Web site. <http://www.cms.hhs.gov/mcd/search.asp>. Published October 1, 2015. Accessed August 29, 2018.
2. National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium. Vantas (histrelin acetate). Published 2009.
3. VANTAS[®] (histrelin implant) Information. Indevus Pharmaceuticals, Inc. Lexington, MA. June, 2008.

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	Action
9/6/2018, 9/7/2017	<ul style="list-style-type: none"> • Approved by MPC. No changes.
11/3/2016	<ul style="list-style-type: none"> • Approved by MPC. Removed ICD-9 codes only.
11/5/2015	<ul style="list-style-type: none"> • Approved by MPC. Coding updates.
1/8/2015, 1/9/2014, 12/6/2012, 5/3/2012	<ul style="list-style-type: none"> • Approved by MPC. No changes.
12/1/2011	<ul style="list-style-type: none"> • New template design approved by MPC.
7/18/2011	<ul style="list-style-type: none"> • Approved by MPC. No changes.