Prostate Cancer – Pharmacological treatment

Adjudication Rule

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Abstract

For Members

Prostate cancer, one of the most common types of cancer in men, refers to a cancerous growth within the prostate gland - a small gland that produces the seminal fluid that nourishes and transports sperm. One of the treatment modalities involves chemotherapy (and use of other drugs) to treat Cancer. Prostate cancer drugs are covered by Daman as per policy terms and conditions, if medically indicated.

For Medical Professionals

The goals of pharmacotherapy for prostate cancer are to induce remission, reduce morbidity, and prevent complications. Agents used include hormone therapy, chemotherapeutic agents, Corticosteroids etc.

Prostate cancer drugs are covered by Daman as per policy terms and conditions, if medically indicated.

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Prostate Cancer – Pharmacological treatment

Scope
This Adjudication Rule defines the medical necessity for prescribing Prostate cancer drugs.

The scope of this AR is only limited to the pharmacological treatment of Prostate cancer itself; any other drugs, such as those related to symptomatic treatment of prostate cancer or complications of chemotherapy, are out of the scope of this AR.

Adjudication Policy

Eligibility / Coverage Criteria
Daman covers Prostate cancer drugs when medically necessary (in terms of type, frequency, extent, site, duration and effectiveness) as per the indications listed below and as per policy terms and conditions.

Indications

1. Hormone Therapy
Prostate cancer cells rely on testosterone to help them grow. Hormone therapy is treatment to stop the body from producing the male hormone testosterone.

   a. LH-RH Agonists/GnRH Agonists
   
   Luteinizing hormone-releasing hormone (LH-RH) agonists and gonadotropin-releasing hormone (GnRH) agonists are hormone therapy drugs that lower the production of testosterone in a man’s body.

   Examples:
   - Goserelin
   - Leuprolide
   - Triptorelin
   - Degarelix
   - Histrelin acetate

   Medical Necessity
   Degarelix, goserelin acetate, histrelin acetate, leuprolide acetate, or triptorelin pamoate is considered medically necessary for the treatment of prostate cancer when any of the following indications are met:
   1. Clinically localized disease with intermediate (T2b to T2c cancer, Gleason score of 7, or prostate specific antigen (PSA) value of 10-20 ng/mL) or higher risk of recurrence; or
   2. Locally advanced disease; or
   3. Other advanced, recurrent, or metastatic disease; or
   4. In combination with antiandrogen (flutamide or bicalutamide) for locally confined stage T2b-T4 (stage B2-C) disease.

   Degarelix, goserelin acetate, histrelin acetate, leuprolide acetate or triptorelin pamoate is considered medically necessary to shrink an enlarged prostate to an acceptable size prior to brachytherapy, cryosurgery or external beam radiation therapy for the treatment of prostate cancer.

   b. Antiandrogen therapy
   Antiandrogen tablets prevent the testosterone in the testicles from getting to the cancer cells.

   Examples:
   - Cyproterone acetate
   - Flutamide
   - Bicalutamide
   - Abiraterone

   Medical Necessity
   Used in combination with other hormone therapy to prevent a rise in testosterone at the beginning of LH-RH agonist therapy.

   For the palliation of symptomatic metastases and as neoadjuvant therapy for radiation therapy.

   Abiraterone
   Indication - to treat late stage castration-resistant prostate cancer before the administration of chemotherapy.

   It is used in combination with prednisone in castration-recurrent metastatic disease prostate cancer for the following:
   - as initial therapy in patients with symptomatic disease who are not candidates for a docetaxel-based regimen in castration recurrent metastatic disease;
   - for initial treatment of asymptomatic or minimally symptomatic patients; and
   - For subsequent treatment of symptomatic disease previously treated with a docetaxel-based regimen.

   Hormonal therapy is not routinely recommended for men with prostate cancer who have a biochemical relapse unless they have:
   - symptomatic local disease progression, or
   - any proven metastases, or
   - PSA doubling time < 3 months.

2. Chemotherapy
Daman covers the following drugs as chemotherapy.

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Indications</th>
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<tbody>
<tr>
<td>Docetaxel</td>
<td>FDA approved docetaxel injection for use in combination with prednisone for the treatment of metastatic, androgen-independent (hormone-refractory) prostate cancer.</td>
</tr>
<tr>
<td></td>
<td>Used for prostate cancer that has not responded to hormone therapy.</td>
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<td></td>
<td>Used if hormone treatment is no longer controlling the cancer.</td>
</tr>
<tr>
<td>Cabazitaxel</td>
<td>For use in combination with prednisone for treatment of metastatic hormone refractory prostate cancer previously treated with a docetaxel-containing regimen.</td>
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</tbody>
</table>

3. Bisphosphonates
Bisphosphonates will be covered when used as an adjuvant therapy in patients with prostate cancer at high risk of developing bone metastases.
Prostate Cancer – Pharmacological treatment

4. Steroids
Steroids will be covered for hormone refractory prostate cancer or parallel to chemotherapy.

Requirements for Coverage
ICD and CPT codes must be coded to the highest level of specificity.

Non-Coverage
Pharmacological treatment of Prostate cancer is not covered when it does not meet medical necessity.

(Investigational use of any prostate cancer drug is not considered medically necessary).

Daman does not cover all those drugs for basic plan, which are not tagged as Abu Dhabi in green rain code list.

Payment and Coding Rules
Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT, etc. [1]

Assign code V58.11, Encounter for antineoplastic chemotherapy, as the principal diagnosis if a patient is admitted solely for chemotherapy administration. Assign a code for the malignancy for prostate cancer as the secondary diagnosis.

Sequence the malignancy (primary or secondary) as the principal diagnosis if a patient is admitted for staging the prostate malignancy even though chemotherapy may be administered.

Frequency of Services
- Adjuvant hormonal therapy is recommended for a minimum of 2 years in men receiving radical radiotherapy for localised prostate cancer who have a Gleason score of ≥ 8. [5]
- Repeat cycles of treatment with docetaxel are not recommended if the disease recurs after completion of the planned course of chemotherapy. [6]

Adjudication Examples

Example 1
Question: A 51 year old male patient holding a Regional plan, presented to the hospital with Prostate cancer stage T2b, and was treated with Degarelix (to shrink the prostate prior to brachytherapy). Will Daman pay for this drug?
Answer: Yes, the payment will be covered.

Example 2
Question: A 50 year old male holding a Thiqa plan with Prostate cancer undergoes chemotherapy and the provider bills as follows:

ICD code 185 - Malignant neoplasm of prostate (principal diagnosis)
V58.11- Encounter for antineoplastic chemotherapy
1286-4147-001 – Docetaxel

How should this claim be adjudicated?

Answer: The claim will be paid if V58.11 is coded as the principal diagnosis and 185 is coded as the secondary diagnosis.

Denial codes

<table>
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<th>Code</th>
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<tr>
<td>AUTH-008</td>
<td>Inappropriate Drug Dose</td>
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<tr>
<td>CODE-010</td>
<td>Activity/Diagnosis inconsistence with clinician speciality</td>
</tr>
<tr>
<td>MNEC-003</td>
<td>Service is not clinically indicated based on good clinical practice</td>
</tr>
<tr>
<td>MNEC-004</td>
<td>Service is not clinically indicated based on good clinical practice, without additional supporting diagnosis/activities.</td>
</tr>
<tr>
<td>NCOV-001</td>
<td>Diagnosis(es) is (are) not covered</td>
</tr>
<tr>
<td>NCOV-003</td>
<td>Service(s) is (are) not covered</td>
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Appendices

A. References
5. ICD-9 CM Official Guidelines for Coding and Reporting


### B. Revision History

<table>
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<tr>
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<tbody>
<tr>
<td>01-11-13</td>
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</tr>
<tr>
<td>15-07-14</td>
<td>1. V 1.1</td>
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<tr>
<td></td>
<td>2. Disclaimer updated as per system requirements</td>
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