

Prostate Cancer - Pharmacological Treatment

Adjudication Guideline

Rule Category:
Pharmaceutical

Ref: No:
2013-PH-0005

Version Control:
Version No.4.0

Effective Date:
30/08/2018

Revision Date:
15/10/2025

Approved by:
Daman

Responsible:
Medical Standards
& Research

**Related Adjudication
Guidelines: N/A**

Table of Contents

1.	Abstract	3
1.1	For Members.....	3
1.2	For Medical Professionals.....	3
2.	Scope	3
3.	Adjudication Policy.....	3
3.1	Eligibility / Coverage Criteria.....	3
3.2	Requirements for Coverage	5
3.3	Non-Coverage.....	5
3.4	Payment and Coding Rules	5
4.	Denial Codes.....	6
5.	Appendices	6
5.1	References	6
5.2	Revision History	7

1. Abstract

1.1 For Members

Prostate cancer, one of the most common type of cancer in men, occurs when normal cells of prostate gland begins to grow faster or die slower. Prostate gland - a small gland that produces the seminal fluid that nourishes and transports sperm. Prostate cancer drugs are covered by Daman as per policy terms and conditions, if medically indicated.

1.2 For Medical Professionals

The goal of pharmacotherapy to induce remission, reduce morbidity and prevent complication. Prostate cancer treatment includes hormones, chemotherapy.

2. Scope

This adjudication rule defines the medical necessity of prescribing prostate cancer drugs.

The scope of this AR is only limited to the pharmacological treatment of prostate cancer; any other procedure used to treat prostate cancer or drugs used to alleviate complications of chemotherapy are out of the scope of this AR.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Daman covers prostate drugs when medically necessary and prescribed by specialized clinician as policy terms and conditions.

1. Hormonal therapy

Androgens (testosterone and Dihydrotestosterone) causes the prostate cancer to grow. Hormonal therapy also known ADT androgen deprivation therapy/androgen suppression therapy, remove or block Androgen action and stop cancer cell from growing.

a) Primary ADT

LHRH agonist /LHRH antagonists/

Luteinizing hormones releasing hormone (LHRH) or Gonadotropin releasing hormone (GnRH) agonists are drugs that lower Testosterone in men. Anti-androgens block the action of testosterone and stop prostate cancer from growing. These drugs (in table below) are used as neo-adjuvant or adjuvant therapy for clinically localized with intermediate, locally advance and metastatic disease state.

Primary ADT	Medical necessity
Leuprolide (LHRH agonists)	<ul style="list-style-type: none"> Anti-Androgens therapy ADT are used in all stages of prostate cancer till disease state stops response. ADT used in locally advance prostate cancer, adjuvant treatment for lymph node metastasis. Neo-adjuvant, concurrent or adjuvant to radiation therapy for clinically localized cancer. ADT used for M0 or M1 castration naive disease. ADT is gold standard for metastatic prostate cancer castration sensitive patients.
Goserelin (LHRH agonists)	
Triptorelin (LHRH agonists)	
Degarelix (LHRH Antagonist)	
Flutamide (Anti-androgen)	
Bicalutamide (Anti-androgen)	

b) Secondary ADT

Drugs which block synthesis of androgen at different sites and use in advanced prostate cancer.

Androgens receipt activation and paracrine androgen synthesis are potential mechanism leads to recurrence prostate cancer (CRPC) during primary ADT usage. In resistant tumour status other option of hormone therapies depends on whether patient has metastasis by imaging; M0 CRPC vs M1 CRPC.

Secondary ADT	Medical Necessity
Abiraterone (CYP17 inhibitor)	M1 CRPC ❖ Used in advanced stage castration resistant prostate cancer (CRPC)). ❖ FDA revised in February 2018, the use of Abiraterone in metastatic high-risk castration naïve prostate cancer (CSPC) ❖ In combination with prednisolone metastatic prostate cancer who is has already used chemotherapy such as Docetaxel
Enzalutamide (Anti-androgen)	M1 CRPC ❖ Used in patient who has develop resistant to ADT (CRPC) and have previously received Docetaxel
Apalutamide	MO CRPC

2. Chemotherapy

Chemotherapy-Chemotherapy are systemically given to kill or stop cell from growing, mainly useful when cancer have spreads to distant organs.

Chemotherapy Drugs	Medical Necessity
Docetaxel	<p>M1 CRPC</p> <ul style="list-style-type: none"> ❖ Used in androgen independent hormone refractory metastatic prostate cancer. ❖ Docetaxel is an upfront treatment option in castration-naïve prostate cancer and distant metastases. (ECO/CHAARTED).
Cabazitaxel	<p>M1 CRPC</p> <ul style="list-style-type: none"> ❖ Used in metastatic CRPC previously treated with Docetaxel ❖ Used when Docetaxel fails to work in hormone refractory prostate cancer. ❖ Additional code Encounter for chemotherapy Z51.11 is needed to validate the chemotherapy administration.
Mitoxantrone	<ul style="list-style-type: none"> ❖ Used as initial chemotherapy for advances hormone refractory prostate cancer. ❖ Additional code Encounter for chemotherapy Z51.11 is needed to validate the chemotherapy administration.

3. Steroid

Prednisone, prednisolone or dexamethasone in combination with Abiraterone, Docetaxel, Cabazitaxel and Mitoxantrone in metastatic prostate cancer.

3.2 Requirements for Coverage

ICD-10, CPT and drug codes must be coded to the highest level of specificity.

3.3 Non-Coverage

- Pharmacological treatment of prostate cancer is not covered when it does not meet medical necessity.
- Daman does not cover prostate cancer treatment for investigational and clinical trial purposes.
- Pharmacological treatment for prostate cancer is not covered for visitor plan.

3.4 Payment and Coding Rules

Please apply HAAD payment rules and regulations and relevant coding manuals for ICD and DOH drug codes.

Note: ICD codes for code Encounter for chemotherapy Z51.11 should only be used as principal diagnosis, followed by the reason of chemotherapy therapy as a secondary diagnosis.

4. Denial Codes

Code	Code Description
CODE-014	Activity/diagnosis is inconsistent with the patient's age/gender
MNEC-005	Service/supply may be appropriate, but too frequent
CODE-010	Activity/diagnosis inconsistent with clinician specialty
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
AUTH-001	Prior approval is required and was not obtained

5. Appendices

5.1 References

<https://www.cancer.org/cancer/prostate-cancer/about/what-is-prostate-cancer.html>
https://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf
<https://www.esmo.org/Guidelines/Genitourinary-Cancers/Cancer-of-the-Prostate>
<https://bestpractice.bmj.com/topics/en-gb/254/treatment-algorithm>
<https://www.nccn.org/patients/guidelines/prostate/index.html>
https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/202379s024lbl.pdf
https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/203415s011lbl.pdf
https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/020449s075lbl.pdf
https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/201023s021lbl.pdf
<https://www.cancer.org/cancer/prostate-cancer/treating.html>
<https://www.cancer.org/cancer/prostate-cancer/treating/hormonotherapy.htm>
<https://emedicine.medscape.com/article/1967731-medication#showall>
https://www.accessdata.fda.gov/drugsatfda_docs/label/2011/074728s011lbl.pdf
<https://reference.medscape.com/calculator/bsa-dosing>
https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/212099s008lbl.pdf
https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/211651s013lbl.pdf
https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/215833s021s024lbl.pdf

5.2 Revision History

Date	Change(s)
01/11/13	V1.0 Release
15/07/14	V1.1 Disclaimer updated as per system requirements
01/08/18	V2.0 Content update
29/10/2024	V3.0 New Template
15/10/2025	V4.0 Adding newly FDA-approved drugs for prostate cancer treatment

Disclaimer

By accessing these Daman Adjudication Guidelines, you acknowledge that you have read and understood the terms of use set out in the disclaimer below:

The information contained in this Adjudication Guideline is intended to outline the procedures of adjudication of medical claims as applied by the National Insurance Company – Daman PJSC (hereinafter "Daman"). The Adjudication Guideline is not intended to be comprehensive, should not be used as treatment guidelines and should only be used for the purpose of reference or guidance for adjudication procedures and shall not be construed as conclusive. Daman in no way interferes with the treatment of patient and will not bear any responsibility for treatment decisions interpreted through Daman Adjudication Guideline. Treatment of patient is and remains at all times the sole responsibility of the treating Healthcare Provider. This Adjudication Guideline does not grant any rights or impose obligations on Daman. The Adjudication Guideline and all of the information it contains are provided "as is" without warranties of any kind, whether express or implied which are hereby expressly disclaimed.

Under no circumstances will Daman be liable to any person or business entity for any direct, indirect, special, incidental, consequential, or other damages arising out of any use of, access to, or inability to use or access to, or reliance on this Adjudication Guideline including but without limitation to, any loss of profits, business interruption, or loss of programs or information, even if Daman has been specifically advised of the possibility of such damages. Daman also disclaims all liability for any material contained in other websites linked to Daman website.

This Adjudication Guideline is subject to the laws, decrees, circulars and regulations of Abu Dhabi and UAE. Any information provided herein is general and is not intended to replace or supersede any laws or regulations related to the Adjudication Guideline as enforced in the UAE issued by any governmental entity or regulatory authority, or any other written document governing the relationship between Daman and its contracting parties.

This Adjudication Guideline is developed by Daman and is the property of Daman and may not be copied, reproduced, distributed or displayed by any third party without Daman's express written consent. This Adjudication Guideline incorporates the Current Procedural Terminology (CPT®), which is a registered trademark of the American Medical Association ("AMA") and the CPT codes and descriptions belong to the AMA. Daman reserves the right to modify, alter, amend or obsolete the Adjudication Guideline at any time by providing one month prior notice.