

Reference number(s)
2086-A

## SPECIALTY GUIDELINE MANAGEMENT

### VANTAS (histrelin acetate)

#### POLICY

##### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

- A. FDA-Approved Indication  
Palliative treatment of advanced prostate cancer
- B. Compendial Use  
Prostate cancer

All other indications are considered experimental/investigational and not medically necessary.

##### II. CRITERIA FOR INITIAL APPROVAL

###### **Prostate cancer**

Authorization of 12 months may be granted for treatment of prostate cancer.

##### III. CONTINUATION OF THERAPY

###### **Prostate cancer**

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization who are experiencing clinical benefit to therapy (e.g., serum testosterone less than 50 ng/dL) and who have not experienced an unacceptable toxicity.

##### IV. REFERENCES

1. Vantas [package insert]. Malvern, PA: Endo Pharmaceuticals; December 2020.
2. The NCCN Drugs & Biologics Compendium® © 2021 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed February 3, 2021.