Subject: Thyrogen®

Updated: February 23, 2010

Department(s): Utilization Management

Policy: The use of Thyrogen® (HCPCS J3240) in the management of thyroid cancer is reimbursable under Plans administered by QualCare, Inc., as specified below in this policy.

Objective: To provide proper and consistent reimbursement and to enumerate criteria for the use of a specific diagnostic agent.

Procedure:

1. Thyrogen® (Thyrotropin Alfa) will be reimbursed for patients with differentiated thyroid cancer (ICD-9 193 or V10.87) under the following circumstances:
   
   A. For the stimulation of potential areas of metastasis in $^{131}$I scans in the initial evaluation of extent-of-disease (CPT 78018)
   
   B. For follow-up determination of the presence of local or distant recurrences in $^{131}$I scans (CPT 78020)
   
   C. To facilitate radioiodine ablation of remnant thyroid tissue after surgery

2. When a member meets one or more of the criteria above, review by the Medical Director is not required for authorization of Thyrogen®.
References

-----. Thyrotropin alfa (recombinant human thyrotropin): Drug information. UpToDate v 17.3. Available at http://www.uptodate.com/online/content/topic.do?topicKey=drug_1_z/83979&view=print
Accessed 01/24/2010


Sherman SI. Overview of the management of differentiated thyroid cancer. UpToDate 15.3. August 6, 2007. available at www.utdol.com/utd/content/topic.do?topicKey=thyroid/16442&view=print. Accessed 03/09/08


Torlontano M, Crocetti U, Augello G, et al. Comparative evaluation of recombinant human thyrotropin-stimulated thyroglobulin levels, $^{131}$I whole-body scintigraphy, and neck ultrasonography in the follow-up of patients with papillary thyroid microcarcinoma who have not undergone radioiodine therapy. J Clin Endocrinol Metab 2006;91(1):60-63 (Jan)

*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.