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SpaceOAR Vue™ Hydrogel

Product Review for the Value Analysis Committee

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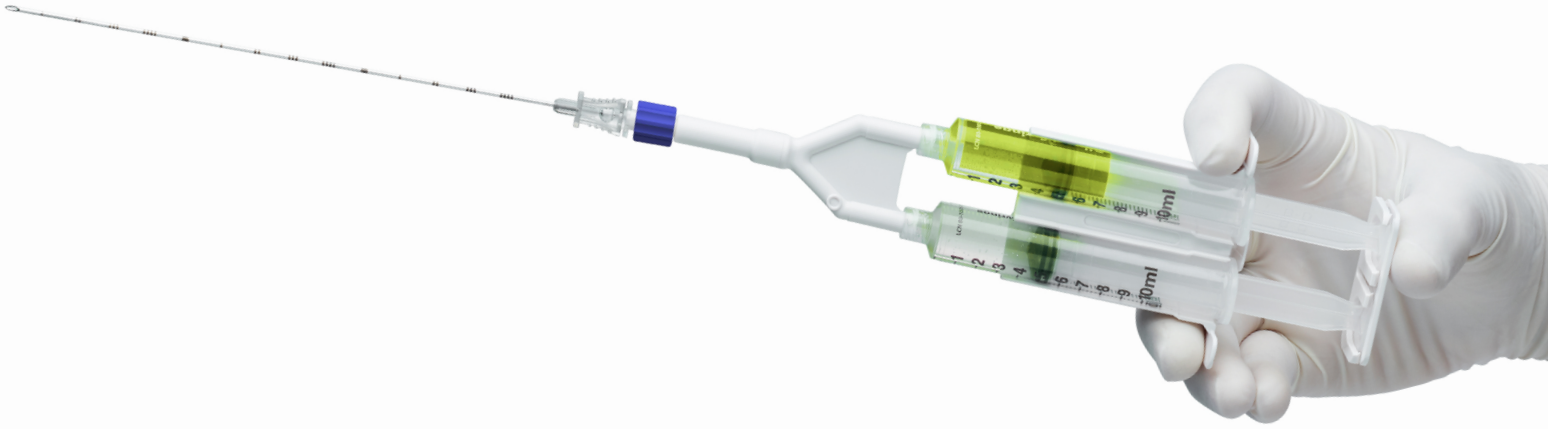
Product overview

SpaceOAR Vue™ Hydrogel

Built off the clinical success of SpaceOAR™ Hydrogel, SpaceOAR Vue Hydrogel is the next-generation, polyethylene glycol (PEG) based hydrogel spacer containing iodine that offers enhanced visibility via CT scan. SpaceOAR Vue Hydrogel is designed to help physicians improve contouring accuracy and more consistently position patients receiving prostate cancer radiation as compared to SpaceOAR Hydrogel.



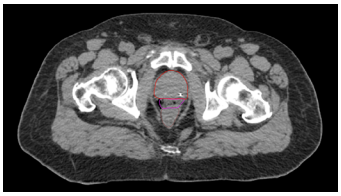
- The enhanced visibility on a CT scan is designed to help physicians improve contouring accuracy of the prostate and rectum, potentially leading to more accurate treatment plan creations when compared to SpaceOAR Hydrogel.
- SpaceOAR Vue Hydrogel may provide a suitable imaging option for patients with implanted metallic devices who cannot undergo an MRI.
- Visibility on cone-beam CT may increase the accuracy of patient positioning for daily image guided radiotherapy for prostate cancer treatment when compared to SpaceOAR Hydrogel, that lacks significant visibility on cone-beam CT.

For more information on SpaceOAR Hydrogel, go to the section on Clinical Data.*

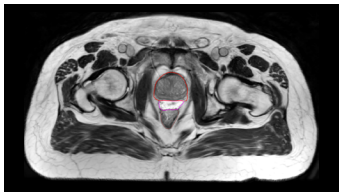
* Clinical data is for SpaceOAR Hydrogel and not SpaceOAR Vue Hydrogel.

Product value analysis

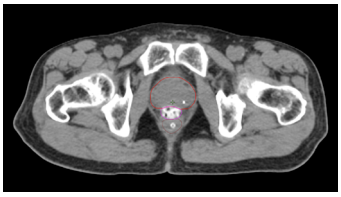
In addition to the value that SpaceOAR™ Hydrogel brings to Radiation Oncologists and patients, SpaceOAR Vue™ Hydrogel also provides:



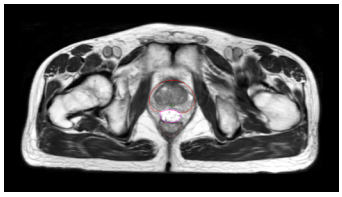
SpaceOAR-CT



SpaceOAR-T2 MRI



SpaceOAR Vue-CT



SpaceOAR Vue-T2 MRI

Jeff Michalski, MD (2020). Permission granted by Washington University Imaging.

Potential clinical benefits for physicians and patients

For CT-based radiotherapy treatment planning, physician-delineated prostate volume can be on average 15% smaller (under contouring) or 30% larger (over contouring) than the "true" prostate volume.[1] With SpaceOAR Vue Hydrogel, physicians may be able to contour the prostate and rectum with a greater degree of confidence. The visualization properties of SpaceOAR Vue Hydrogel may also reduce any contouring inaccuracies, potentially leading to more accurate treatment plan creations. 30-50% of patients undergoing RT will experience biochemical recurrence within 10 years.[2] Creating accurate treatment plans may have an effect on both the side effects of radiation treatment and recurrence.

Accurate and consistent positioning of the patient from one fraction to the next may impact delivery of the treatment plan. The visibility of SpaceOAR Vue Hydrogel on kV cone-beam CT is designed to aid in the visualization of the target region for patient positioning prior to each treatment.

CT radiopacity may provide an effective imaging option to MRI for patients with implanted metallic devices.

Prostate cancer guidelines

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

In the U.S., the evidence-based clinical recommendations from the NCCN Guidelines® are considered the standard policy for the management of cancer. The NCCN Guidelines for Prostate Cancer recommend the use of a perirectal spacer in certain patients in its "Principles of Radiation Therapy" section and includes the following statements.[3]

"The disadvantages of EBRT include a treatment course of 8 to 9 weeks. Up to 50% of patients have some temporary bladder or bowel symptoms during treatment. There is a low but definite risk of protracted rectal symptoms from radiation proctitis, and the risk of erectile dysfunction increases over time.[4,5] The risk of late rectal complications following RT is related to the volume of the rectum receiving doses of radiation close to or exceeding the radiation dose required to control the primary tumor.

Biomaterials have been developed, tested, and FDA approved to serve as spacer materials when inserted between the rectum and prostate.[6,7] In a randomized phase 3 multicenter clinical trial of patients undergoing image-guided intensity-modulated RT (IG-IMRT), with the risk of late (3-year) common terminology criteria for adverse events (CTCAE) grade 2 or higher, physician-recorded rectal complications declined from 5.7% to 0% in the control versus hydrogel spacer group.[8] The hydrogel spacer group had a significant reduction in bowel QOL decline. No significant differences in adverse events were noted in those receiving hydrogel placement versus controls. Results of a secondary analysis of this trial suggest that use of a spacer may decrease the sexual side effects of radiation."[9]

Please refer to the full NCCN Guidelines for complete details: http://NCCN.org

Regulatory information

What is the intended use?

SpaceOAR Vue™ Hydrogel is intended to temporarily position the anterior rectal wall away from the prostate during radiotherapy for prostate cancer and in creating this space it is the intent of SpaceOAR Vue Hydrogel to reduce the radiation dose delivered to the anterior rectum. SpaceOAR Vue Hydrogel is composed of biodegradable material and maintains space for the entire course of prostate radiotherapy treatment and is completely absorbed by the patient's body over time.

What is the FDA classification of the device?

SpaceOAR Vue Hydrogel is marketed in the U.S. in accordance with US 21 Code of Federal Regulations 892.5725 as an Absorbable Perirectal Spacer. These devices are Class II devices and are subject to the premarket notification 510(k) process.

The 510(k) clearance under which SpaceOAR Vue Hydrogel was cleared in the U.S. is attached.

July 19, 2019

Augmenix, Inc.
% Mr. Marcus Garcia
Principal Regulatory Affairs Specialist
201 Burlington Road, North Building
BEDFORD MA 01730

Re: K182971
Trade/Device Name: SpaceOAR Vue Hydrogel
Regulation Number: 21 CFR 892.5725
Regulation Name: Absorbable Perirectal Spacer
Regulatory Class: Class II
Product Code: OVB
Dated: June 13, 2019
Received: June 14, 2019

Dear Mr. Garcia:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database located at https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm identifies combination product submissions. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part

U.S. Food & Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
www.fda.gov

801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803) for devices or postmarketing safety reporting (21 CFR 4, Subpart B) for combination products (see https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR 4, Subpart A) for combination products; and, if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance) and CDRH Learn (https://www.fda.gov/training-and-continuing-education/cdrh-learn). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice) for more information or contact DICE by email (DICE@fda.hhs.gov) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

Thalia T. Mills, Ph.D.
Director
Division of Radiological Health
OHT7: Office of In Vitro Diagnostics
and Radiological Health
Office of Product Evaluation and Quality
Center for Devices and Radiological Health

Enclosure

Technical comparison

	SpaceOAR™ Hydrogel	SpaceOAR Vue™ Hydrogel
Chemistry	PEG hydrogel	PEG hydrogel
Hydrogel water content	~90%	~90%
Visibility	Ultrasound, limited CT visibility, and MRI	Ultrasound, enhanced CT visibility, kV CBCT, and MRI
Iodine content	0%	~1%
Degradation	Via hydrolysis	Via hydrolysis
In vivo stability	3 months	3 months
Absorption profile	~6 months, but it may take longer to fully absorb	~6 months, but it may take longer to fully absorb
Hydrogel color	Clear	Tan
Application	Dual injection	Dual injection

Is this item/technology on contract? Please reach out to your Boston Scientific National Account Director.

Ship unit: Each

Mode of transportation: FedEx™ Delivery

Lead time to order in working days? None

What are the dimensions of the package?
6.00" x 1.50" x 15.25" (L x W x H)

Method of purchase: Direct purchase or bill upon use

Does this item require special storage considerations?
Per the Instructions for Use (IFU), store at or below 25°C (77°F) in order to maintain product performance.

Is this a dated product?
Product contains expiration date on package label.

What specific departments/clinical areas will use the product/procedure?
Physician's office, Ambulatory Surgery Center, Hospital Outpatient Department

What department(s) will use and/or be affected by this product?
Radiation Oncology, Urology

Is there a requirement for product training? Yes

Material / environment

Will there be additional implementation costs, such as installation, cost of education, impact on equipment, or additional space?
Ultrasound equipment with a real-time bi-plane transrectal ultrasound (TRUS) probe and a stepper stabilizer are required for the injection of SpaceOAR Vue™ Hydrogel; a stand-off balloon is recommended.

Is there a training requirement?
Yes, users will need to go through a product training process in the presence of a company representative before they can perform procedures independently.

Is there any other equipment involved with the use of this product that will need to be leased, purchased, consigned, or rented?
Ultrasound equipment with a real-time bi-plane transrectal ultrasound (TRUS) probe and a stepper stabilizer are required for the injection of SpaceOAR Vue Hydrogel; a stand-off balloon is recommended.

What is the average length of procedure time to use this product/perform this procedure (surgery minutes)? 30 minutes[10]

Will this product interface with any other equipment/supplies currently utilized at this facility?
Yes, a saline syringe

Does this product contain metal substances that may affect tests and/or procedures performed on patients? No

Is this product MRI safe? Yes

Is this considered an implantable device? Yes

Does this item and its packaging contain latex? No

Is this a pharmaceutical or contain any pharmaceutical product? No

Is SpaceOAR Vue™ Hydrogel contraindicated for patients with iodine allergies or risks?
The product is not contraindicated for patients with iodine sensitivity or risks. This is because the iodine is covalently bound to the PEG molecule and does not present in the body in the same way as free-flowing iodine contrast that is typically used in imaging. Boston Scientific has not conducted studies with SpaceOAR Vue Hydrogel in patients with iodine sensitivity or risks, so the decision to use the product in patients is left to the physician's discretion.

Does the product require a Material Safety Data Sheet? No

Is this product reusable? No

What additional waste or recycle costs are anticipated?
After use, dispose of product and packaging in accordance with hospital, administrative, and/or local government policy.

Does the product contain Mercury?
No

Does this product contain polyvinyl chloride (PVC)?
No

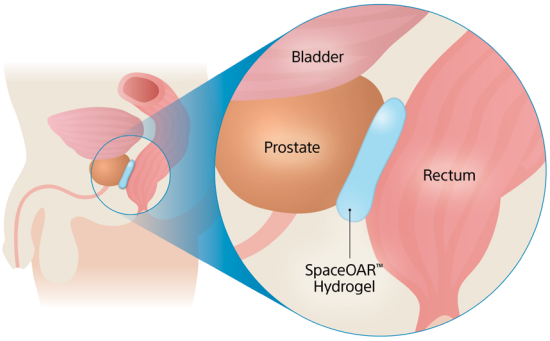
Does this product contain polyethylene glycol (PEG)?
Yes

Does this product contain PVC halogenated flame retardants/halogenated organic chemicals (HOCs)?
No

Clinical data for SpaceOAR Hydrogel

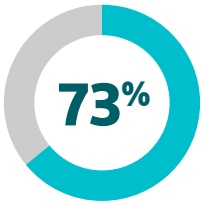
This page is designed to show clinical data for SpaceOAR Hydrogel, NOT SpaceOAR Vue Hydrogel.

The first-generation SpaceOAR™ Hydrogel is an absorbable PEG-based hydrogel that temporarily creates space between the prostate and rectum, designed to reduce the radiation dose delivered to the rectum during prostate cancer radiation. SpaceOAR Hydrogel is clinically proven to help minimize the impact on urinary, sexual, and bowel quality of life for prostate cancer patients undergoing radiation therapy.[8,9] Currently, over 400,000 units of SpaceOAR and SpaceOAR Vue Hydrogel have been shipped to date.



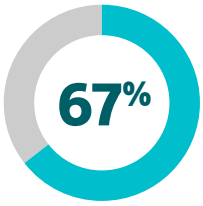
Minimize prostate cancer radiation therapy side effects with SpaceOAR™ Hydrogel

In a prospective, randomized, multi-center trial, and at a median follow-up of 3 years, SpaceOAR Hydrogel has been shown to minimize the risk of sexual, urinary, and bowel side effects.[6,8,9]



relative reduction in rectal V70*[6]

late grade 2+ rectal toxicity[8]**



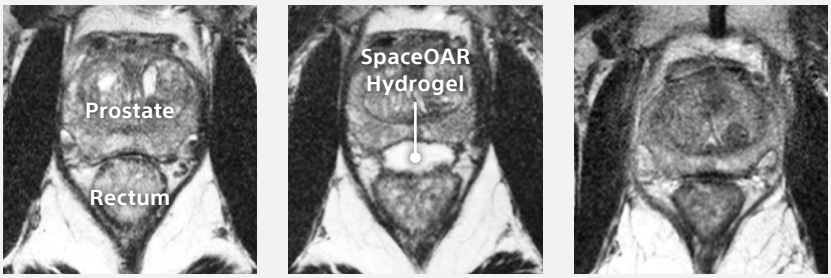
maintained potency[9]***

Significantly less decline in urinary and bowel QOL (p=0.02)[8]****

Create space between the rectum and prostate with SpaceOAR Hydrogel

- Approximately 1/2" (1.3 cm) of space created post-spacer application (according to one study)[6]
- Space is maintained for approximately 3 months
- Naturally absorbed in about 6 months, but it may take longer to fully absorb

T2-weighted magnetic resonance images of a SpaceOAR Hydrogel patient[6]



Pre-implant space | **3-month persistence** | **Post-absorption**

Images used with permission from Mariados N, Sylvester J, Shah D, et al. Hydrogel spacer prospective multicenter randomized controlled pivotal trial: Dosimetric and clinical effects of perirectal spacer application in men undergoing prostate image guided intensity modulated radiation therapy. *Int J Radiat Oncol Biol Phys*. 2015 Aug 1;92(5):971-7.

SpaceOAR Vue™ Hydrogel is the next-generation hydrogel designed to offer similar clinical benefits that SpaceOAR Hydrogel provides.

* Average dose reduction when comparing pre- and post-treatment plans
** In SpaceOAR Hydrogel patients
*** Compared to 38% in control group; of men who had erections sufficient for intercourse at baseline
**** Compared to control patients

Reimbursement and billing

To view the current Coding and Payment Guide, visit https://www.bostonscientific.com/content/dam/bostonscientific/Reimbursement/Urology/pdf/SpaceOAR_Procedure_Coding_and_Payment_Guide.pdf

What CPT® Code is used to bill for the SpaceOAR Vue™ Hydrogel system procedure?

CPT Code 55874 (Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed) may be used when billing for the SpaceOAR Vue Hydrogel procedure. Visit our Benefit Verification and Pre-Authorization Portal for help with benefit verification, pre-authorization, and appeals support: **https://www.bostonscientific.com/en-US/reimbursement/benefit-verification-and-pre-authorization.html**

Does Medicare reimburse for CPT Code 55874?

All Medicare Administrative Contractors cover the SpaceOAR Vue Hydrogel procedure. Payment varies by geographic locale.

How is the SpaceOAR Vue Hydrogel procedure reimbursed?

Hospital Outpatient Department (HOPD) Medicare national average 2026 facility reimbursement is $5,478. Ambulatory Surgery Center (ASC) Medicare national average reimbursement is $4,230. Physician Medicare national average 2026 reimbursement in the office setting is $3,722. Physician facility reimbursement is $143, reflecting 2.95 work RVUs (4.28 total RVUs).

Are other procedures included in the payment for CPT Code 55874?

Ancillary services are typically considered bundled and included in the payment for the procedure. However, other specific procedures performed in the same surgical session may result in additional reimbursement. There is a 0-day global period assigned to CPT Code 55874.

Ordering information

UPN	GTIN Number	Catalog Number	Name	Description
SV-2101	00864661000140	SV-2101	SpaceOAR Vue™ Hydrogel System	Absorbable Perirectal Hydrogel Spacer

SpaceOAR Systems Brief Summary

Scan the QR code, visit bostonscientific.com/spaceoar-brief-summary, or click to view the SpaceOAR Systems Indications, Safety, and Warnings

1. Moghanaki D, Turkbey B, Vapiwala N, et al. Advances in prostate cancer magnetic resonance imaging and positron emission tomography-computed tomography for staging and radiotherapy treatment planning. *Semin Radiat Oncol*. 2017;27:21–33.
2. Paller CJ, Antonarakis ES. Management of biochemically recurrent prostate cancer after local therapy: evolving standards of care and new directions. *Clin Adv Hematol Oncol*. 2013;11:14–23.
3. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Prostate Cancer V.2.2023 © National Comprehensive Cancer Network, Inc. 2023. All rights reserved. Accessed August 7, 2023. To view the most recent and complete version of the guideline, go to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.
4. Potosky AL, Davis WW, Hoffman RM, et al. Five-year outcomes after prostatectomy or radiotherapy for prostate cancer: the prostate cancer outcomes study. *J Natl Cancer Inst*. 2004;96:1358–1367.
5. Sanda MG, Dunn RL, Michalski J, et al. Quality of life and satisfaction with outcome among prostate-cancer survivors. *N Engl J Med*. 2008;358:1250–1261.
6. Mariados N, Sylvester J, Shah D, et al. Hydrogel spacer prospective multicenter randomized controlled pivotal trial: dosimetric and clinical effects of perirectal spacer application in men undergoing prostate image guided intensity modulated radiation therapy. *Int J Radiat Oncol Biol Phys*. 2015;92:971–977.
7. Miller LE, Efstathiou JA, Bhattacharyya SK, Payne JA, Woodward E, Pinkawa M. Association of the placement of a perirectal hydrogel spacer with the clinical outcomes of men receiving radiotherapy for prostate cancer: A systematic review and meta-analysis. *JAMA Netw Open*. 2020;3:e208221.
8. Hamstra DA, Mariados N, Sylvester J, et al. Continued benefit to rectal separation for prostate radiation therapy: final results of a phase III trial. *Int J Radiat Oncol Biol Phys*. 2017;97:976–985.
9. Hamstra DA, Mariados N, Sylvester J, et al. Sexual quality of life following prostate intensity modulated radiation therapy (IMRT) with a rectal/prostate spacer: Secondary analysis of a phase 3 trial. *Pract Radiat* Oncol. 2018;8:e7–e15.
10. CMS 2023 Physician Worktime File: https://www.cms.gov/files/zip/cy-2023-pfs-final-rule-physician-work-time.zip. Accessed February 2026.
11. Karsh LI, Gross ET, Pieczonka CM, et al. Absorbable hydrogel spacer use in prostate radiotherapy: a comprehensive review of phase 3 clinical trial published data. *Urology*. 2018;115:39–44.

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Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

Sequestration Disclaimer Rates referenced in these guides do not reflect Sequestration or other reductions that may be implemented in 2026.

CPT® Disclaimer

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

Boston Scientific

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Marlborough, MA 01752-1234
www.BostonScientific.com

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