| CLINICAL MEDICAL POLICY | |
|---|---|
| **Policy Name:** | Prostate Cancer Genetic Testing (Prolaris) |
| **Policy Number:** | MP-100-MD-DE |
| **Responsible Department(s):** | Medical Management |
| **Provider Notice Date:** | 08/15/2019 |
| **Issue Date:** | 09/16/2019 |
| **Effective Date:** | 09/16/2019 |
| **Annual Approval Date:** | 07/16/2020 |
| **Revision Date:** | N/A |
| **Products:** | Highmark Health Options Medicaid |
| **Application:** | All participating hospitals and providers |
| **Page Number(s):** | 1 of 4 |

## DISCLAIMER

**Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.**

## POLICY STATEMENT

Highmark Health Options does not provide coverage under the medical-surgical benefits of the Company's Medicaid products for prostate cancer genetic testing.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

## DEFINITIONS

**Prolaris™**
A prognostic genetic test developed by Myriad that measures tumor cell growth from prostate biopsy cores or prostatectomy tissue. It is an array-based test that is used to quantify expression levels of 46 cell cycle progression (CCP) genes and 15 housekeeper genes to generate a cell-cycle progression score (Prolaris score). The Prolaris test score paired with prostate-specific antigen (PSA) and Gleason grade reportedly provides a level of aggressiveness of an individual with prostate cancer.

## PROCEDURES

1. Gateway Health considers the use of the Prolaris Prostate Cancer genetic testing to be investigational and not medically necessary for all indications.

2. Post-payment Audit Statement
   The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

3. Place of Service
   The place of service for Prolaris prostate cancer testing can be either inpatient or outpatient.

## GOVERNING BODIES APPROVAL

On August 12, 2015, Medicare approved coverage of the Prolaris test for men diagnosed with low-risk prostate cancer. In 2017, Medicare expanded coverage of Prolaris for prostate cancer aggressiveness.

CLIA
The Prolaris tests are offered as laboratory-developed tests under Clinical Laboratory Improvement Amendments (CLIA) licensed laboratories. Clinical laboratories may develop and validate tests in-house and market them as a laboratory service; laboratories offering such tests as a clinical service must meet general regulatory standards of CLIA and must be licensed by CLIA for high complexity testing.

Additional information is available at:
http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/IVDRegulatoryAssistance/ucm124105.htm.

## CODING REQUIREMENTS

Non-covered Procedure Codes

| CPT Codes | Description |
|---|---|
| 81541 | Oncology (prostate), MRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk |

## REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

## SUMMARY OF LITERATURE

It is estimated that 164,690 new cases of prostate cancer will be diagnosed in 2018 (NCCN, 2018). Furthermore, researchers have estimated that prostate cancer will account for nearly 9% of male cancer deaths in 2018. Per the American Cancer Society, prostate cancer develops mainly in older men and in African-American men. Approximately 6 cases in 10 are diagnosed in men aged 65 or older, and it is rare before the age of 40.

Current challenges in the management of prostate cancer include the risk assessment, providing early and accurate detection, monitoring of low risk patients who are under surveillance only, predicting recurrence after initial treatment, and assessing efficacy of treatment. In order to address these needs, several tests have been developed.

There are no standard or routine screening tests for prostate cancer per the American Cancer Society. Testing to date includes physical exam and history, digital rectal exam (DRE), prostate specific antigen (PSA) or transrectal ultrasound/transrectal magnetic resonance imaging (MRI). However, screening tests have risks that include: finding that prostate cancer may not improve health or help a man live longer; follow-up tests, such as biopsy, may be done to diagnose cancer; false-negative and false-positive results can occur.

Once a biopsy has been performed, the specimen is scored. The Gleason scoring system has been one of the most widely used grading systems for prostate cancer. The grading system ranges from 1 (well differentiated) to 5 (poorly differentiated). The score is the sum of the primary and secondary patterns.

Prognostic methods have been developed due to the need for risk stratification in prostate cancer. Two examples of microarray-based gene expression profiles are Prolaris and Oncotype DX Prostate Cancer Assay that utilize prostate biopsy samples. When the scores from either exam are combined in proprietary algorithms with clinical risk criteria (PSA, Gleason grade and tumor stage), it has been reported that the results will reflect a biological indolence or aggressiveness of individual lesion, and therefore inform management decisions.

The American Association of Clinical Urologists issued a position statement on genomic testing for prostate cancer that supports coverage of tissue–based molecular testing as a component of risk stratification used in prostate cancer treatment decision making. The American Urological Association, ASTRO, and the Society of Urologic Oncology position statement states that among most low-risk localized prostate cancer patients, tissue-based genomic biomarkers have not shown a clear role in the selection of candidates for active surveillance.

The NCCN guidelines for prostate cancer (4.2018) state that men with very low-risk, low-risk, and favorable intermediate-risk prostate cancer in patients with at least 10 years' life expectancy who have not received treatment for prostate cancer and are candidates for active surveillance or definitive therapy may consider the use of the following tumor-based molecular assays: Decipher, Oncotype DX Prostate, Prolaris, and Promark. Retrospective studies have shown that molecular assays performed on prostate biopsy or radical prostatectomy specimens provide prognostic information independent of the NCCN risk groups. These include, but are not limited to, likelihood of death with conservative management, likelihood of biochemical progression after radical prostatectomy or external beam therapy, and likelihood of developing metastasis after radical prostatectomy or salvage radiotherapy. The discussion

section notes that the clinical utility has not been established in prospective random controlled clinical trials or comparative effectiveness studies.

Hayes Inc. (2016) reported that due to the low level of analytical validity, low level of clinical validity, and very low level of clinical utility, the Prolaris was rated as a D2 for the use of the prognostic assay of tumor aggressiveness in prostate cancer patients with clinically localized prostate cancer and for use in predicting the 10-year prostate cancer specific mortality risk.

## POLICY SOURCE(S)

Pennsylvania Department of Human Services. Technology Assessment Group Coverage Decisions. Managed Care Operations Memorandum OPS #08/2018-014. Option #4. Accessed on January 2, 2019.

Myriad Genetics. Prolaris®: A Prognostic Medicine Product for Prostate Cancer. Accessed on January 2, 2019.

Cuzick J, Stone S, Fisher G, et al. Validation of an RNA cell cycle progression score for predicting death from prostate cancer in a conservatively managed needle biopsy cohort. Br J Cancer. 2015 Jul;113(3):382-9.

Cuzick J, Stone S, Fisher G, et al. Validation of an Active Surveillance Threshold for the CCP Score in Conservatively Managed Men with Localized Prostate Cancer. Presented at American Urological Association Annual Meeting, May 2015.

**Policy History**

| Date | Activity |
|---|---|
| 01/02/2019 | Initial policy developed |
| 07/16/2019 | QI/UM Committee approval |
| 09/16/2019 | Provider effective date |