

# ACS CAN State Coverage Report – Commercial and Medicaid

From: ADVI Health

To: American Cancer Society Cancer Action Network

Date: February 21, 2023

## Massachusetts



### NSCLC

*Blue Cross Blue Shield of Massachusetts* has favorable coverage policy for expanded molecular panels/CGP tests (> 50 genes) in NSCLC. The health plan acknowledges the numerous utilities of CGP tests for advanced or recurrent NSCLC patients, including for selecting targeted cancer treatment, to exclude the use of ineffective targeted therapies, to select alternative treatment modalities, to determine suitability for directing patients toward promising investigational therapies, or to establish a definitive diagnosis when other diagnostic approaches yield ambiguous results. Plasma-based CGP is only covered for Guardant360 (at diagnosis or treatment progression) when certain criteria are met (i.e., tissue-based CGP is infeasible and prior single gene test results are not available for EGFR, ALK, ROS1, and PDL1).

*Harvard Pilgrim Healthcare* follows AIM's Clinical Appropriateness Guidelines, which are favorable for tissue-based individual biomarker testing of EGFR for localized NSCLC. NGS panel testing is covered for advanced or metastatic NSCLC patients when the panel contains NCCN-recommended biomarkers (Category 1, 2A, 2B) and the patient is a candidate for targeted therapy. Multi-gene panels with tumor-agnostic biomarkers (i.e., MSI, NTRK, TMB, BRAF V600E) are covered for patients with advanced solid tumors. The health plan also has favorable coverage for liquid biopsy panels for advanced, recurrent, or metastatic NSCLC patients – covered when there is insufficient tissue or when biopsy is contraindicated, no prior NGS-based somatic test has been performed, and when the test is being used inform management at diagnosis or at treatment progression.

*Massachusetts Medicaid* publishes a fee schedule for clinical laboratory services but does not have published medical policy, so it is unclear which testing is covered. Per MassHealth regulations, independent clinical laboratory services are covered if they are determined to be medically necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of the health of MassHealth members.

### CRC

*Blue Cross Blue Shield of Massachusetts* has favorable coverage policy for expanded molecular panels/CGP tests (> 50 genes) in CRC. The health plan acknowledges the numerous utilities of CGP tests for Stage IV or recurrent or unresectable CRC patients, including for selecting targeted cancer treatment, to exclude the use of ineffective targeted therapies, to select alternative treatment modalities, to determine suitability for directing patients toward promising investigational therapies, or to establish a

definitive diagnosis when other diagnostic approaches yield ambiguous results. Liquid biopsy testing for CRC is non-covered.

*Harvard Pilgrim Healthcare* follows AIM's Clinical Appropriateness Guidelines, which are favorable for individual biomarker tissue-based somatic tumor testing. For localized CRC, testing for MSI, BRAF and MMR (by IHC) is covered. For metastatic CRC, tissue-based somatic tumor testing for MSI and/or MMR (by IHC), KRAS, NRAS, BRAF, and HER2 is covered if there has been no prior testing. There is some coverage for multi-gene panels for tumor-agnostic biomarkers (i.e., MSI, TMB, NTRK, BRAF V600E) when certain criteria are met – specified above.

*Massachusetts Medicaid* publishes a fee schedule for clinical laboratory services but does not have published medical policy, so it is unclear which testing is covered. Per MassHealth regulations, independent clinical laboratory services are covered if they are determined to be medically necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of the health of MassHealth members.

### **Breast Cancer**

*Blue Cross Blue Shield of Massachusetts* has favorable coverage policy for expanded molecular panels/CGP tests (> 50 genes) in breast cancer. The health plan acknowledges the numerous utilities of CGP tests for Stage IV or refractory or recurrent breast cancer patients, including for selecting targeted cancer treatment, to exclude the use of ineffective targeted therapies, to select alternative treatment modalities, to determine suitability for directing patients toward promising investigational therapies, or to establish a definitive diagnosis when other diagnostic approaches yield ambiguous results. Liquid biopsy testing for breast cancer is non-covered.

*Harvard Pilgrim Healthcare* follows AIM's Clinical Appropriateness Guidelines, which are favorable for single gene tissue-based somatic tumor testing of PIK3CA in metastatic breast cancer patients that are candidates for alpelisib or another FDA-approved PIK3CA-targeted agent. There is some coverage for multi-gene panels for tumor-agnostic biomarkers (i.e., MSI, TMB, NTRK, BRAF V600E) when certain criteria are met – specified above. Liquid biopsy panels and single gene somatic tumor testing of PIK3CA is covered for metastatic breast cancer patients who are candidates for alpelisib or another FDA-approved PIK3CA-targeted agent and when tissue is insufficient, or biopsy is contraindicated.

*Massachusetts Medicaid* publishes a fee schedule for clinical laboratory services but does not have published medical policy, so it is unclear which testing is covered. Per MassHealth regulations, independent clinical laboratory services are covered if they are determined to be medically necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of the health of MassHealth members.

### **Prostate Cancer**

*Blue Cross Blue Shield of Massachusetts* has favorable coverage policy for expanded molecular panels/CGP tests (> 50 genes) in prostate cancer. The health plan acknowledges the numerous utilities of CGP tests for metastatic castration-resistant prostate cancer patients, including for selecting targeted cancer treatment, to exclude the use of ineffective targeted therapies, to select alternative treatment modalities, to determine suitability for directing patients toward promising investigational therapies, or

to establish a definitive diagnosis when other diagnostic approaches yield ambiguous results. Liquid biopsy testing for prostate cancer is non-covered.

*Harvard Pilgrim Healthcare* follows AIM’s Clinical Appropriateness Guidelines, which are favorable for tissue-based NGS panels for metastatic prostate cancer patients who are candidates for an FDA-approved PARP inhibitor or PD-1 inhibitor and who have not had prior NGS testing. The NGS panel must include BRCA1, BRCA2, and ATM and may include other genes involved in homologous recombination DNA repair (e.g., PALB2, FANCA, RAD51D, CHEK2, and CDK12). There is some coverage for multi-gene panels for tumor-agnostic biomarkers (i.e., MSI, TMB, NTRK, BRAF V600E) when certain criteria are met – specified above. Liquid biopsy panels are covered for metastatic prostate cancer patients who are candidates for FDA-approved PARP inhibitors or a PD-1 inhibitor and when tissue is insufficient, or biopsy is contraindicated.

*Massachusetts Medicaid* publishes a fee schedule for clinical laboratory services but does not have published medical policy, so it is unclear which testing is covered. Per MassHealth regulations, independent clinical laboratory services are covered if they are determined to be medically necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of the health of MassHealth members.

**PGx**

Our medical policy research for specific Massachusetts health plans did not produce any results.

Massachusetts Biomarker Coverage		Blue Cross Blue Shield Massachusetts & Harvard Pilgrim	Massachusetts Medicaid
<b>NSCLC</b>	<b>All NCCN Biomarkers:</b> ALK, EGFR, ROS1, KRAS, BRAF, NTRK 1/2/3, MET, RET, TMB, ERBB2, HER2	✓	No Policy
	<b>Some NCCN Biomarkers</b>	✓	No Policy
	<b>NGS Small Panels</b>	✓	No Policy
	<b>NGS Large Panels</b>	✓	No Policy
<b>CRC</b>	<b>All NCCN Biomarkers:</b> KRAS/NRAS, BRAF V600E, MSI, HER2, NTRK 1/2/3, MLH1, MSH2, MSH6, PMS2	✗	No Policy
	<b>Some NCCN Biomarkers</b>	✓	No Policy
	<b>NGS Small Panels</b>	✓	No Policy
	<b>NGS Large Panels</b>	✓	No Policy
<b>Breast Cancer</b>	<b>All NCCN Biomarkers:</b> BRCA1, BRCA2, PIK3CA, PD-L1, NTRK, MSI-H/dMMR, TMB-H	✗	No Policy
	<b>Some NCCN Rec Biomarkers</b>	✓	No Policy
	<b>NGS Small Panels</b>	✓	No Policy
	<b>NGS Large Panels</b>	✓	No Policy
<b>Prostate Cancer</b>	<b>All NCCN Rec Biomarkers:</b> ATM, BARD1, BRCA1, BRCA2, BRIP1, CDK12, CHEK1, CHEK2, FANCA, FANCL, PALB2, PPP2R2A, RAD51B, RAD51C,	✗	No Policy

	RAD51D, RAD54L, ARV-7, MLH1, MSH2, MSH6		
	<b>Some NCCN Rec Biomarkers</b>	✓	No Policy
	<b>NGS Small Panels</b>	✓	No Policy
	<b>NGS Large Panels</b>	✓	No Policy
<b>PGx</b>	<b>All NCCN Rec Biomarkers:</b> CYP2D6, DYPD, NUDT15, TPMT, UGT1A1	No Policy	No Policy
	<b>Some NCCN Rec Biomarkers</b>	No Policy	No Policy
	<b>NGS Small Panels</b>	No Policy	No Policy
	<b>NGS Large Panels</b>	No Policy	No Policy