



State of Louisiana

Department of Health and Hospitals
Bureau of Health Services Financing

MEMORANDUM

DATE: ~~June 25, 2014~~ September 29, 2014

TO: Louisiana Medicaid Oncologists

FROM: Dr. Rebekah E. Gee, Medicaid Medical Director

SUBJECT: Oncotype DX Breast Cancer Assay Coverage (Revised)

The Department remains focused on improving treatment and health outcomes for our Medicaid recipients. Effective with date of service July 1, 2014, Louisiana Medicaid will begin coverage of Oncotype DX Breast Cancer Assay, a procedure used to help with the prediction of chemotherapy benefit in women with certain early stage, breast cancers.

Oncotype DX Breast Cancer Assay is covered when the following criteria are met:

- Oncotype DX Breast Cancer Assay is ordered within six months of the initial diagnosis.
- Oncotype DX Breast Cancer Assay should be considered for individuals only after surgery and subsequent pathological examination of the tumor has been completed.
- Histology indicates the cancer is ductal, lobular, mixed, or metaplastic.
- Histology shows the cancer is not tubular or colloid.
- Estrogen receptor is positive (ER+), or progesterone receptor is positive (PR+), or both.
- Human epidermal growth factor receptor 2 (HER2) is negative.
- Chemotherapy is a therapeutic consideration and will be supervised by the practitioner ordering the gene expression profile.
- Node negative or
- Node positive (1-3 nodes only) on individuals who are post-menopausal.

Coverage of Oncotype DX Breast Cancer Assay requires that patients meet the coverage criteria and have a breast cancer diagnosis. For complete coverage details, please visit www.lamedicaid.com. Should you have questions about this coverage, please contact Gaynell Denova, Medicaid Program Manager at (225) 342-6415 or via email at Gaynell.Denova@la.gov.

MCI/GBW/GD

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