Title: Gene Expression Profile Testing for Multiple Myeloma	Division: Medical Management Department: Utilization Management
Approval Date: 6/8/18	LOB: Medicaid, Medicare, HIV SNP, CHP, MetroPlus Gold, Goldcare I&II, Market Plus, Essential, HARP, MLTC
Effective Date: 6/8/18	Policy Number: UM-MP248
Review Date: 8/2/19	Cross Reference Number:
Retired Date:	Page 1 of 4

Background

Multiple myeloma is a genetically complex, invariably fatal, neoplasm of plasma cells.

Microarray-based gene expression profile (GEP) analysis estimates the underlying activity of cellular biological pathways that control, for example, cell division or proliferation, apoptosis, metabolism, or other signaling pathways. GEP analysis has been proposed as a means to more finely stratify multiple myeloma patients into risk categories to personalize therapy selection according to tumor biology, with the goal of avoiding over- or under-treating patients. It could be used as a supplement to existing stratification methods or as a stand-alone test, but further study is necessary to establish its role.

Policy Description

No specific documentation of how Gene expression profile testing for multiple myeloma will be used to modify member's treatment. MetroPlus considers Gene Expression Profile Testing for Multiple Myeloma experimental and investigational and therefore it is denied as not medically necessary. MetroPlus does not provide coverage for investigational services or procedures.

Gene expression profile testing for multiple myeloma is considered investigational and not medically necessary for all indications, including:

1. Risk stratification in individuals with newly diagnosed multiple myeloma
2. Determination of prognosis in individuals with relapsed multiple myeloma

References

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6. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Multiple Myeloma V1.2019— Jul.2018. http://www.nccn.org/professionals/physician_gls/PDF/myeloma.pdf. Accessed October 16, 2018.

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Sosler Bruce, MD Clinical Medical Director		Sanjiv Shah, MD Chief Medical Officer	

Medical Guideline Disclaimer:

 The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, MetroPlus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition,

coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members.

All coding and website links are accurate at time of publication.