

MEDICAL POLICY STATEMENT
Marketplace

Policy Name & Number	Date Effective
Breast Cancer Index® (BCI) for Managing Breast Cancer Treatment- MP-MM-1514	06/01/2024
Policy Type	
MEDICAL	

C. Definitions

- Adjuvant Therapy for Early -stage Breast Cancer – Tamoxifen is FDA approved for adjuvant hormone treatment of premenopausal and postmenopausal women and men with ER-positive early-stage breast cancer, and the aromatase inhibitors, anastrozole, letrozole, and exemestane are approved for this use in postmenopausal women.
- Gene Expression Testing – A laboratory test that analyzes mRNA patterns to determine gene activity.
- Predictive Molecular Markers – Biomarkers used to evaluate the likelihood of benefit from a specific clinical intervention or the differential outcomes of more than one intervention.
- Prognostic Molecular Markers – Biological characteristics that are objectively measured and evaluated to predict the course of a disease or a response to a therapeutic intervention among patients with the same characteristic. Examples include the presence of a particular gene variant, patterns of gene expression or levels of a particular protein in body fluids.

D. Policy

- I. CareSource considers BCI for breast cancer as a technique for managing the treatment of breast cancer in females or males with invasive breast cancer medically necessary in the following situations:
 - A. Member is newly diagnosed (within the last 6 months) and ALL of the following criteria are met:
 1. Lymph node negative or 1-3 positive ipsilateral axillary lymph nodes.
 2. No distant metastases.
 3. Estrogen receptor positive (ER+) or progesterone receptor positive (PR+) or both.
 4. HER2 (human epidermal growth factor receptor-2) receptor negative.
 5. Adjuvant chemotherapy is not precluded due to any other factor (eg advanced age and/or significant co-morbidities).
 - B. Member is currently receiving adjuvant hormonal therapy (eg, Tamoxifen or an aromatase inhibitor) for a breast cancer and ALL of the following criteria are met:
 1. Hormone receptor-positive (estrogen receptor positive, progesterone receptor positive or both).
 2. HER2 receptor negative.
 - 3.

3.



E. Conditions of Coverage
N/A

F. Related Policies/Rules
Medical Necessity Determinations

G. Review/Revision History

	DATE	ACTION
Date Issued	06/21/2023	New Policy. Approved at committee.
Date Revised	03/13/2024	Updated references. Approved at Committee.
Date Effective	06/01/2024	
Date Archived		

H. References
1.

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.