

**PROVIDER NOTIFICATION OF POLICY CRITERIA
CHANGE**

POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMEUREMENT	EFFECTIVE DATE	LINK TO FULL POLICY
<p>Genetic Test: Laboratory and Genetic Testing for Use of 5-Fluorouracil in Patients with Cancer</p>	<p>2010006</p>	<p>Restricted coverage added for one time germline testing for genetic variants in the dihydropyrimidine dehydrogenase (<i>DPYD</i>) gene to guide initial fluoropyrimidine (i.e. 5-fluorouracil, Xeloda) dosing or fluoropyrimidine as a treatment choice in individuals with certain cancers:</p> <p><u>Meets Primary Coverage Criteria Or Is Covered For Contracts Without Primary Coverage Criteria</u></p> <p>One time germline testing for genetic variants in the dihydropyrimidine dehydrogenase (<i>DPYD</i>) gene to guide initial fluoropyrimidine (i.e. 5-fluorouracil, Xeloda) dosing or fluoropyrimidine as a treatment choice in individuals with certain cancers meets member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness in improving health outcomes or for members with contracts without Primary Coverage Criteria is considered Medically Necessary and is covered.</p> <p><u>Does Not Meet Primary Coverage Criteria Or Is Not Covered For Contracts Without Primary Coverage Criteria</u></p> <p>Repeat germline testing for genetic variants in the dihydropyrimidine dehydrogenase (<i>DPYD</i>) gene or testing for genetic variants in the dihydropyrimidine dehydrogenase (<i>DPYD</i>) gene for any other indication does not meet member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness in improving health outcomes or for members with contracts without Primary Coverage Criteria is considered Not</p>	<p>No</p>	<p>07/15/2026</p>	<p>https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2010006</p>

		<p>Medically Necessary or is investigational and is not covered.</p> <p>The use of assay testing for determining 5-fluorouracil area under the curve in order to adjust 5-fluorouracil dose for individuals with cancer does not meet member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness in improving health outcomes or for members with contracts without Primary Coverage Criteria is considered Not Medically Necessary or is investigational and is not covered.</p> <p>Testing for genetic variations in thymidylate synthase (<i>TYMS</i>) genes to guide 5-fluorouracil dosing and/or treatment choice in individuals with cancer does not meet member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness in improving health outcomes or for members with contracts without Primary Coverage Criteria is considered Not Medically Necessary or is investigational and is not covered.</p>			
--	--	---	--	--	--