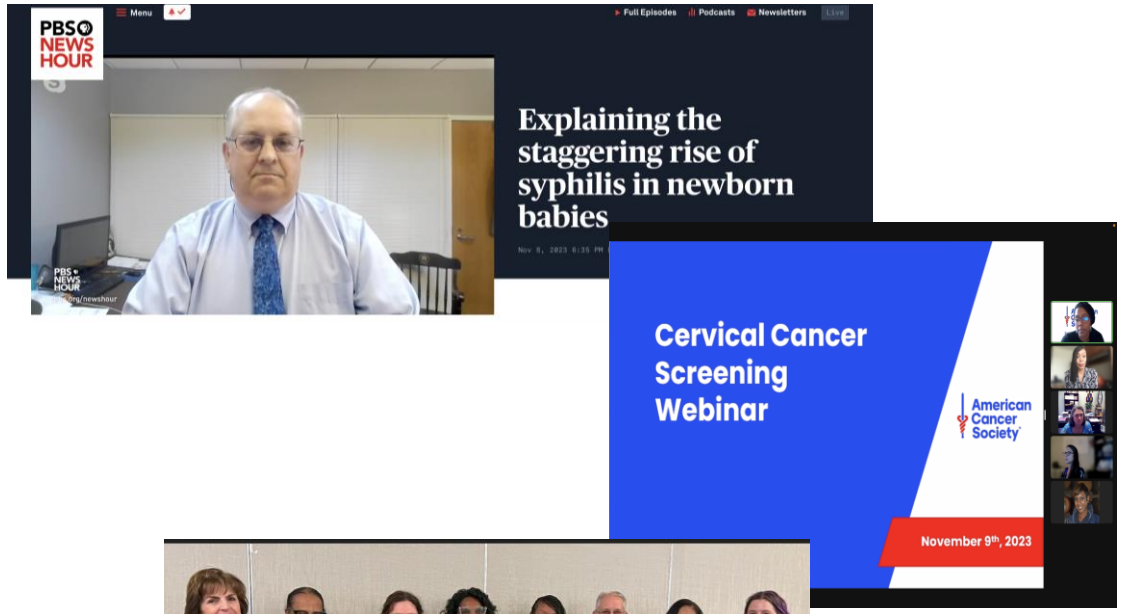
LOUISIANA DEPARTMENT OF HEALTH

Gains, Goals, Guidelines

Gains

- All Medicaid MCAC Subcommittees have been reconstituted.
- Congenital Syphilis PIP
- Proposed Benchmarks and Metrics for the Maternity Health Pilot
- ED Pediatric Surge – Open Enrollment
- Critically reviewed PUPP Applications
- Unwind
- Cervical Cancer



Goals

JAMA Pediatr. 2023 Sep 1;177(9):939-946. doi: 10.1001/jamapediatrics.2023.2310.

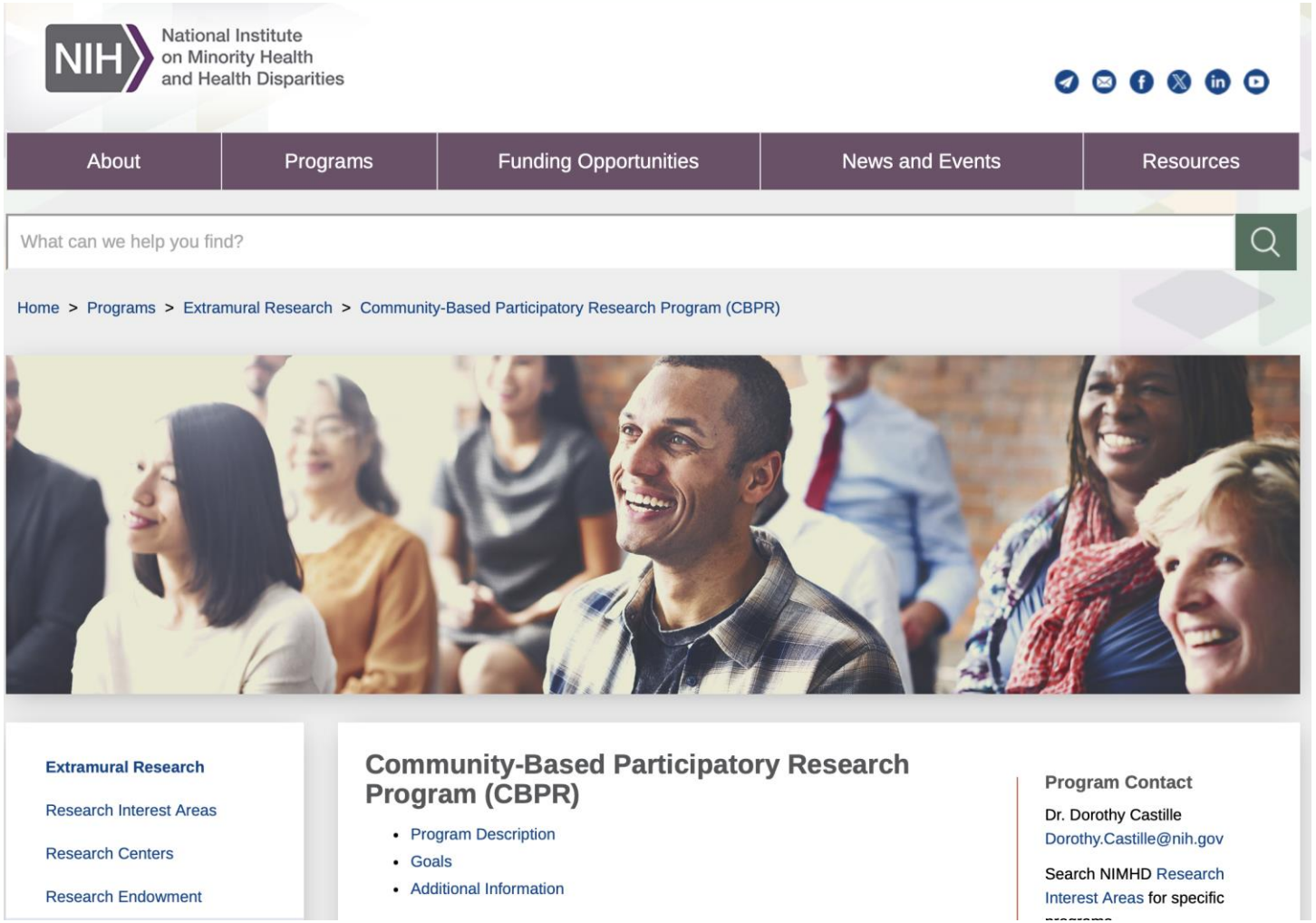
Community Health Worker Home Visiting, Birth Outcomes, Maternal Care, and Disparities Among Birthing Individuals With Medicaid Insurance

Conclusions and relevance: Participation in a home visiting program provided by community health workers working with nurses and social workers, compared with usual care, was associated with reduced risk for adverse birth outcomes, improved prenatal and postnatal care, and reductions in disparities, among birthing individuals with Medicaid. The risk reductions in adverse birth outcomes were greater among Black individuals.

Goals

YOUR DOCTOR SAYS

Goals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Dr. Dorothy Castille
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Guidelines

LOUISIANA DEPARTMENT OF HEALTH

Issued: 03/13/2018

Positron Emission Tomography (PET) for Oncologic Conditions Medical Necessity Criteria

Positron Emission Tomography (PET) is a minimally-invasive diagnostic imaging procedure using an injected radionuclide to evaluate glucose metabolism in normal and diseased tissue.

This policy only addresses the use of radiotracers detected with the use of dedicated PET scanners. Radiotracers such as fluorodeoxyglucose (FDG) may be detected using single pho emission computed tomography (SPECT) cameras, a hybrid PET/SPECT procedure that ma referred to as FDG-SPECT or molecular coincidence and may be used in combination with imaging such as CT (Computerized Tomography).

The combination of PET and CT imaging into a single system (PET/CT) may be considered oncologic indications where a PET scan is considered medically necessary and specific ana identification is required to guide clinical management.

U.S. FOOD & DRUG ADMINISTRATION

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FDA approves second PSMA-targeted PET imaging drug for men with prostate cancer

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From Our Perspective

FDA has approved Pylarify (piflufolastat F 18) – a drug for positron emission tomography (PET) imaging of prostate-specific membrane antigen (PSMA) positive lesions in men with prostate cancer. With the approval of Pylarify, certain men with prostate cancer will have greater access to PSMA-targeted PET imaging that can aid health care providers in assessing prostate cancer.

Pylarify is indicated for patients with suspected prostate cancer metastasis (when cancer cells spread from the place where they first formed to another part of the body) who are potentially curable by surgery or other therapy. Pylarify is also indicated for patients with suspected prostate cancer recurrence based on elevated serum prostate-specific antigen (PSA) levels. Pylarify is a radioactive diagnostic agent that is administered in the form of an intravenous injection.

Prostate cancer is the third most common form of cancer in the United States. The American Cancer Society estimates in 2021, prostate cancer will be the most commonly

Content current as of: 05/27/2021

Regulated Product(s) Drugs

Guidelines

Molecular Therapy
Methods & Clinical Development
Review

Medicaid coverage practices for approved gene and cell therapies: Existing barriers and proposed policy solutions

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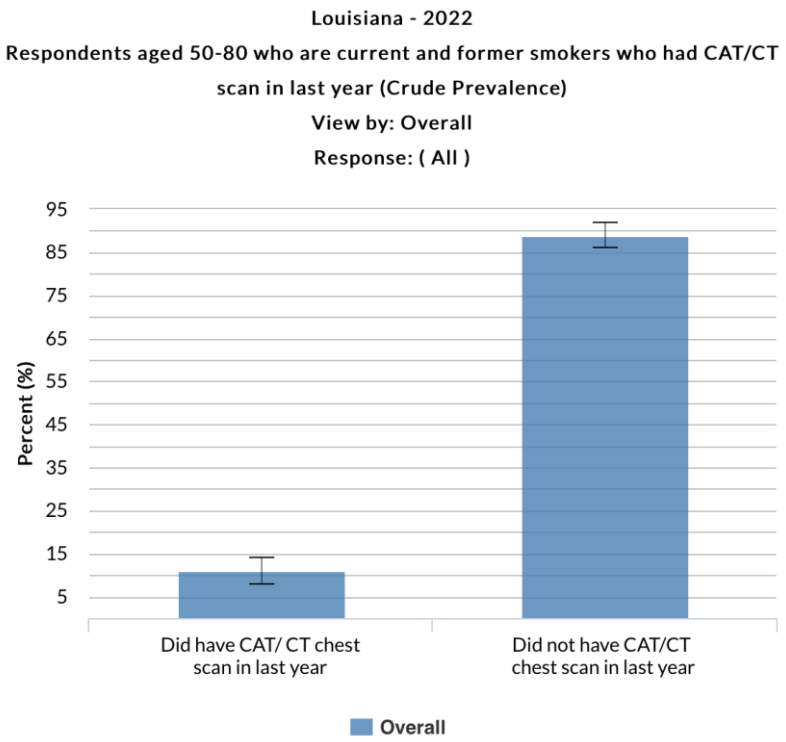
The current Medicaid system is ill equipped to handle the anticipated approvals of new gene and cell therapy products. These advanced therapies tend to be single-dose, potentially durable options for a variety of indications spanning oncology, rare disease, and more. The up-front cost of these therapies contrasts with chronic care treatment, which may incur cost over the life of a patient. The cost of these innovative treatments, along with the anticipated larger patient pools, can limit patient access as Medicaid programs operate on limited or fixed budgets. Given the value of these therapies for diseases that may have large Medicaid populations, the system will need to grapple with the existing barriers to access to ensure equitable patient care. This review focuses on one such barrier, discrepancies between product indications and state Medicaid and Medicaid Managed Care Organization coverage policies, and it proposes federal policy solutions to this barrier to better accommodate the exponential growth of the gene and cell therapy pipeline.

Oncological indications dominate the gene and cell therapy pipeline.[2] However, many gene and cell treatments in development target patient populations with rare, inherited diseases, many of which do not have available treatment options. These conditions, such as hemophilia A and B and Duchenne muscular dystrophy, disproportionately affect children. Rare diseases affecting adult populations often severely impact individuals' ability to complete education and participate or remain in the workforce. Thus, many rare disease patients, including those with disabilities, are enrolled in state Medicaid programs.[3,4] New cell and gene therapy approvals are imminent for such conditions, including sickle cell disease. Sickle cell disease is associated with a high economic burden for state Medicaid programs in the United States, which can be $1.7 million over a lifetime,[5] and it presents a health equity issue as the disease largely impacts communities of color. This is on top of the high economic and quality of life burden for patients and their families. To that end, individuals with sickle cell disease enrolled in Medicaid have been found to have significantly higher healthcare utilization and costs compared with

state, including enrollment eligibility, reimbursement methodology, and service coverage.[7] Once approved by the Centers for Medicare and Medicaid Services (CMS), state Medicaid programs may draw down federal funds based on the federal medical assistance percentage (FMAP).[8] Under the Medicaid Drug Rebate Program (MDRP),[9] states that include prescription drug coverage in their Medicaid programs—which all states do—must cover all drugs approved by the Federal Drug Administration (with limited statutory exceptions) according to their "medically accepted indications," and in return manufacturers provide rebates on their products to the states, which are then shared between the states and the federal government.[10]

Guidelines



Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Objectives in Cancer plan by screening type

Type of Cancer Screening	Draft Objective	KY Health Equity Consideration
Breast	Decrease the **% of females** diagnosed with **late-stage** breast cancer	Decrease the **% of Black females** diagnosed with **late-stage** breast cancer
Cervical	Decrease the cervical cancer **incidence rate**	Decrease the cervical cancer **incidence rate** in **rural** and **Appalachian** populations
Colon	Decrease the colon cancer **incidence rate**	Decrease the colon cancer **incidence rate** in **rural** populations
Lung	Decrease **% of Kentuckians** diagnosed with **late-stage** lung cancer	Decrease **% of Black Kentuckians** diagnosed with **late-stage** lung cancer
Prostate	Decrease the **mortality** rate of prostate cancer	Decrease the **mortality** rate of prostate cancer in **Black males**.