

HEALTH PLAN POLICY	
Policy Title: Hematopoietic Stem Cell Transplantation (HSCT) for Hodgkins and Non Hodgkins Lymphomas (NHL)	Policy Number: MUM44 Revision: B
Department: Medical Management	Sub-Department: Utilization Management
Applies to Product Lines: <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> USFHP <input type="checkbox"/> Children’s Health Insurance Plan <input checked="" type="checkbox"/> Commercial Insured <input checked="" type="checkbox"/> Health Insurance Exchange <input type="checkbox"/> Non Insured Business <input checked="" type="checkbox"/> Medicare	
Origination/Effective Date: 03/08/2018	
Reviewed Date(s):	Revision Date(s): 04/24/2019, 05/18/2020

SCOPE:

The purpose of this policy is to define the process utilized for medical necessity review for use of hematopoietic stem cell transplantation (HSCT) in the treatment of Hodgkins Lymphoma and Non Hodgkins Lymphoma.

DEFINITIONS AND ACRONYMS:

- **Aggressive** – Diffuse, large cell, anaplastic histology
- **Allogeneic** – Donor is a genetically compatible person
- **Autologous** – Donor is self
- **Hematopoietic Stem Cell Transplantation (HSCT)**
- **Indolent**- Nodular, follicular histology
- **International Prognostic Index (IPI)** - age >60; Stage 3 or 4 Clinical Disease; Elevated serum LDH
- **National Comprehensive Care Network (NCCN)**
- **Non Hodgkin Lymphoma (NHL)** is a broad term encompassing as many as 12 different malignancies

POLICY:

Lymphomas, whether Hodgkins or NHL, are tumors of the lymphatics system. This system which also includes the spleen & thymus addresses immunity related issues. As a result, when Hodgkins or NHL occurs, deficits of immunity resulting in infection often occurs. HSCT can be of benefit within this group of tumors under specific situations. Generally, HSCT is never the first line initial therapy for these lymphatics tumors.

When addressing lymphomas, it is best to do so separately in 3 subgroups - Hodgkins, Indolent NHL, and Aggressive NHL. Their characteristics are different as are their response rates. Hodgkins has long had the best prognosis with cures possible 75% of the time. Greater reduction in morbidity and mortality has occurred with Hodgkins than any other tumor over the last 50 years. Indolent NHL tumors, although not as likely to be cured, do have life spans of 10-15 years after diagnosis.

This subtype of NHL tumors is frequently referred to as nodule (follicular) in their microscopic appearance.

Aggressive NHL tumors may be curable in up to 30% of cases with combination chemotherapy and HSCT.

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The natural course of this subtype though is shortest of any of the lymphomas. They are often referred to as diffuse, large cell or anaplastic.

Autologous or allogeneic HSCT is medically necessary as follows:

- A. Hodgkins Lymphoma – refractory or relapsed after standard front line chemotherapy; also repeat HSCT if graft failure/rejection occurs
- B. Indolent NHL – salvage therapy for those individuals who do NOT go into remission following front line standard chemotherapy
- C. Aggressive NHL – salvage therapy for those who do NOT go into remission following front line standard chemotherapy; for higher risk patients as defined by IPI even if in remission

REFERENCES:

- Journal of National Cancer Institute 2012; 104: 18-28
- Journal of Clinical Oncology 2009; 27: 4555-4562
- Hematology/Oncology Stem Cell Therapeutics 2017
- American Society for Blood & Bone Marrow Transplantation 2017
- NCCN Clinical Practice Guidelines in Oncology 2017

RELATED DOCUMENTS:

None

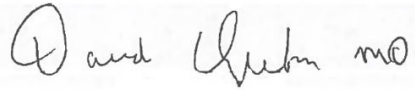
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REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	03/08/2018	Initial release.	Executive Leadership
A	04/24/2019	Annual review. Product lines updated.	Executive Leadership
B	05/18/2020	Annual review. No change to policy content.	Executive Leadership