

HEALTH PLAN POLICY	
Policy Title: Hematopoietic Stem Cell Transplantation (HSCT) for Multiple Myeloma and Related Plasma Cell Dyscrasias	Policy Number: MUM45 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 multiple myeloma and related plasma cell dyscrasias.

DEFINITIONS AND ACRONYMS:

- **Polyneuropathy, Organomegaly, Endocrinopathy, M Protein Spike and Skin changes (POEMS)**

POLICY:

Hematopoietic Stem Cell Transplantation (HSCT) has been used in recent years to improve survival rates in patients with plasma cell dyscrasias of the bone marrow. Multiple myeloma is the most common of these plasma cell diseases, but also primary amyloidosis (AL) and POEMS Syndrome are diseases of the plasma cell line involving HSCT.

HSCT may involve either autologous or allogeneic donors. The transplants after stem cell harvesting as well as ablation of the bone marrow with cytotoxic high dose chemotherapy. The process is not without risk including infection, hemorrhage or graft rejection.

A. Medical necessity is present for the following circumstances

1. Multiple Myeloma
 - a. Single Autologous HSCT
 - b. Repeat after 6 months of Autologous or Allogeneic HSCT
 - c. Salvage therapy for graft failure
2. Primary Amyloidosis
 - a. Autologous HSCT if no evidence of heart failure with an EF> 45%
 - b. Salvage therapy for graft failure
3. POEMS
 - a. Autologous HSCT when all diagnostic criteria for POEMS are met
 - b. Salvage therapy for graft failure

HEALTH PLAN POLICY

Policy Title: Hematopoietic Stem Cell Transplantation (HSCT) for Multiple Myeloma and Related Plasma Cell Dyscrasias

Policy Number: MUM45
Revision: B

- B. Lack of Medical Necessity
 - a. 3 or more HSCT in 12 months for Multiple Myeloma
 - b. Symptomatic Heart Failure with Primary Amyloidosis
 - c. Allogeneic HSCT in POEMS

REFERENCES:

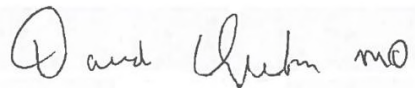
- American Society for Blood & Marrow Transplantation 2015 -21: 2039-2051
- Blood – 2007: 21-285-299
- Blood - 2011: 118: 4346-4352
- NCCN Clinical Practice Guidelines in Oncology 2017

RELATED DOCUMENTS:

None



Nancy Horstmann
Chief Executive Officer Health Plans



David Engleking, M.D.
Medical Director

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