

/HEALTH PLAN POLICY	
Policy Title: Hematopoietic Stem Cell Transplantation (HSCT) for Selected Leukemias and Myelodysplastic Syndromes	Policy Number: MUM46 Revision: C
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, 04/27/2021

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 selected leukemias and myelodysplastic syndromes.

DEFINITIONS AND ACRONYMS:

- **Acute Lymphocytic Leukemia (ALL)** – more common in children
- **Acute Myelocytic Leukemia (AML)** – more common in young adult
- **American Society of Bone Marrow Transplantation (ASBMT)**
- **Chronic Myelocytic Leukemia (CML)** – more common in middle aged adults
- **Chronic Lymphocytic Leukemia (CLL)** – more common in the elderly
- **National Comprehensive Cancer Network (NCCN)**
- **National Cancer Institute (NCI)**

POLICY:

Hematopoietic Stem Cell Transplantation (HSCT) has been used for several years to treat selected leukemias and myelodysplastic syndromes. Allogeneic transplantation, as opposed to autologous transplantation, has been the mode used.

Both acute and chronic lymphocytic as well as myeloid leukemias have been studied. Each of the four are different in their specifics, but are considered medically necessary under favorable conditions. Myelodysplastic syndromes including myelofibrosis have also been considered as responsive to HSCT. Given the complexity of these conditions, peer to peer consultations with an oncologist is highly recommended,

- A. Medical Necessity is established
1. ALL – allogeneic donor for “high risk” individuals including over 15 years old
 2. CLL - allogeneic donor for “high risk” individuals
 3. AML – allogeneic donor for unfavorable category based on Core Binding Factor
 4. CML – allogeneic donor for previously therapeutically nonresponsive individuals

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5. Myelofibrosis – allogeneic donor
6. Graft failure following any of the above
7. Relapse in any of the above

B. Medically Unnecessary

1. Autologous transplantation for any of the conditions listed
2. Lower risk individuals with any lymphocytic leukemia
3. Favorable category myelocytic leukemias

REFERENCES:

- Blood – 2016 ;127: 2391-2405
- ASBMT 2017
- NCI 2017
- NCCN 2017

RELATED DOCUMENTS:

None

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
C	04/27/2021	Annual review. No change to policy content.	Executive Leadership