The following Protocol contains medical necessity criteria that apply for this service. It is applicable to Medicare Advantage products unless separate Medicare Advantage criteria are indicated. If the criteria are not met, reimbursement will be denied and the patient cannot be billed. **Preauthorization is required and must be obtained through Case Management.** Please note that payment for covered services is subject to eligibility and the limitations noted in the patient’s contract at the time the services are rendered.

**Description**

Most patients with autoimmune disorders respond to conventional therapies. However, these drugs are not curative, and a proportion of patients will have severe, recalcitrant, or rapidly progressive disease. It is in this group of patients with severe autoimmune disease that alternative therapies have been sought, including hematopoietic stem-cell transplantation (HSCT).

**Background**

**Autoimmune Diseases**

Autoimmune diseases represent a heterogeneous group of immune-mediated disorders, including multiple sclerosis (MS), rheumatoid arthritis (RA), systemic lupus erythematosus (SLE), systemic sclerosis/scleroderma, and chronic immune demyelinating polyneuropathy (CIDP). The National Institutes of Health (NIH) estimates that 5–8% of Americans have an autoimmune disorder.

The pathogenesis of autoimmune diseases is not well-understood but appears to involve underlying genetic susceptibility and environmental factors that lead to loss of self-tolerance, culminating in tissue damage by the patient’s own immune system (T cells).

Immune suppression is a common treatment strategy for many of these diseases, particularly the rheumatic diseases (e.g., RA, SLE, and scleroderma). Most patients with autoimmune disorders respond to conventional therapies, which consist of anti-inflammatory agents, immunosuppressants, and immunomodulating drugs. However, these drugs are not curative, and a proportion of patients will have severe, recalcitrant, or rapidly progressive disease. It is in this group of patients with severe autoimmune disease that alternative therapies have been sought, including hematopoietic stem-cell transplantation (HSCT).

HSCT in autoimmune disorders raises the question of whether ablating and “resetting” the immune system can alter the disease process and sustain remission and possibly lead to cure. (1)

**Hematopoietic Stem-Cell Transplantation**

Hematopoietic stem-cell transplantation (HSCT) refers to a procedure in which hematopoietic stem cells are infused to restore bone marrow function in patients who receive bone-marrow-toxic doses of cytotoxic drugs with or without whole-body radiation therapy. Hematopoietic stem cells may be obtained from the transplant recipient (autologous HSCT) or from a donor (allogeneic HSCT). They can be harvested from bone marrow, peripheral blood, or umbilical cord blood shortly after delivery of neonates. Although cord blood is an allogeneic source, the stem cells in it are antigenically “naïve” and thus, are associated with a lower incidence of rejection or graft-versus-host disease (GVHD).
Immunologic compatibility between infused hematopoietic stem cells and the recipient is not an issue in autologous HSCT. However, immunologic compatibility between donor and patient is a critical factor for achieving a good outcome of allogeneic HSCT. Compatibility is established by typing of human leukocyte antigens (HLA) using cellular, serologic, or molecular techniques. HLA refers to the tissue type expressed at the class I and class II loci on chromosome 6. Depending on the disease being treated, an acceptable donor will match the patient at all or most of the HLA loci (with the exception of umbilical cord blood).

**Autologous Stem-Cell Transplantation for Autoimmune Diseases**

The goal of autologous HSCT in patients with autoimmune diseases is to eliminate self-reactive lymphocytes (lymphoablation) and generate new self-tolerant lymphocytes. This approach is in contrast to destroying the entire hematopoietic bone marrow (myeloablation), as is often performed in autologous HSCT for hematologic malignancies. However, there is currently no standard conditioning regimen for autoimmune diseases and both lymphoablative and myeloablative regimens are used. The efficacy of the different conditioning regimens has not been compared in clinical trials.

Currently, for autoimmune diseases, autologous transplant is preferred over allogeneic, in part because of the lower toxicity of autotransplant relative to allogeneic, the GVHD associated with allogeneic transplant, and the need to administer post-transplant immunosuppression after an allogeneic transplant.

**Allogeneic Stem-Cell Transplantation for Autoimmune Diseases**

The experience of using allogeneic HSCT for autoimmune diseases is currently limited but has two potential advantages over autologous transplant. First, the use of donor cells from a genetically different individual could possibly eliminate genetic susceptibility to the autoimmune disease and potentially result in a cure. Second, there exists a possible graft-versus-autoimmune effect, in which the donor T cells attack the transplant recipient’s autoreactive immune cells.

**Policy (Formerly Corporate Medical Guideline)**

Autologous or allogeneic hematopoietic stem-cell transplantation is considered investigational as a treatment of autoimmune diseases, including, but not limited to multiple sclerosis, juvenile idiopathic and rheumatoid arthritis, systemic lupus erythematosus, systemic sclerosis/scleroderma, type 1 diabetes mellitus, and chronic inflammatory demyelinating polyneuropathy.

**Medicare Advantage**

If a transplant is needed, we arrange to have the transplant center review and decide whether the patient is an appropriate candidate for the transplant.

Services that are the subject of a clinical trial do not meet our Technology Assessment Protocol criteria and are considered investigational. For explanation of experimental and investigational, please refer to the Technology Assessment Protocol.

It is expected that only appropriate and medically necessary services will be rendered. We reserve the right to conduct prepayment and postpayment reviews to assess the medical appropriateness of the above-referenced procedures. Some of this Protocol may not pertain to the patients you provide care to, as it may relate to products that are not available in your geographic area.
References

We are not responsible for the continuing viability of web site addresses that may be listed in any references below.


3. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). High-dose lymphoablative therapy (HDLT) with or without stem cell rescue for treatment of severe autoimmune diseases. TEC Assessments 2000; Vol 15, Tab 1.

4. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). High-dose lymphoablative therapy (HDLT) with or without stem-cell rescue for treatment of severe autoimmune diseases. TEC Assessments 2001; Vol 16, Tab 14.


