



INLAND EMPIRE HEALTH PLAN

IEHP UM Subcommittee Approved Authorizations Guidelines
Bone Marrow Transplant in the Treatment of Multiple Sclerosis

Policy:

On January 26, 2006, the UM Subcommittee determined that Bone Marrow Transplant in the Treatment of Multiple Sclerosis is investigational and not of proven value. The UM Subcommittee's recommendation is to not cover this procedure at this time. Upon review in 2016, the guidelines remain unchanged.

Carrier Statements:

Bone Marrow Transplant for the treatment of Multiple Sclerosis is not currently reimbursed by Aetna, Cigna, Medical or Medicare.

Effective Date: *January 26, 2008*

Reviewed Annually: *November 9, 2016*

Revised:

May 11, 2016

Bibliography:

ECHRI Institute. (2015). Horizon Scanning Status Update: September 2015. AHRO Healthcare Horizon Scanning System - Status Updates.

ECHRI Institute. (2009). Evidence Report: Immunoablative Therapy with Bone Marrow or Peripheral Stem Cell Transplantation for Multiple Sclerosis. Health Technology Assessment Information Service.

Aetna. (2015, October 23). Hematopoietic Cell Transplantation for Autoimmune Diseases and Miscellaneous Indications. Retrieved March 25, 2016, from http://www.aetna.com/cpb/medical/data/600_699/0606.html Policy number 0606

Cigna. (2015, July 15). Cigna Medical Coverage Policy: Stem cell transplant for Autoimmune Diseases. Coverage Policy Number: 0357. Retrieved March 25, 2016, from https://cignaforhcp.cigna.com/public/content/pdf/coveragePolicies/medical/mm_0357_coveragepositioncriteria_stem_cell_transplant_autoimmune_diseases.pdf

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Majhail, N. S., Farnia, S. H., Carpenter, P. A., Champlin, R. E., Crawford, S., Marks, D. I., . . . Lemaistre, C. F. (2015). Indications for Autologous and Allogeneic Hematopoietic Cell Transplantation: Guidelines from the American Society for Blood and Marrow Transplantation. *Biology of Blood and Marrow Transplantation*, 21(11), 1863-1869.

Radaelli, M., Merlini, A., Greco, R., Sangalli, F., Comi, G., Ciceri, F., & Martino, G. (2014). Autologous Bone Marrow Transplantation for the Treatment of Multiple Sclerosis. *Current Neurology and Neuroscience Reports Curr Neurol Neurosci Rep*, 14(9).

Rice, C. M., Kemp, K., Wilkins, A., & Scolding, N. J. (2013). Cell therapy for multiple sclerosis: An evolving concept with implications for other neurodegenerative diseases. *The Lancet*, 382(9899), 1204-1213.

Rodrigues, M. C., Hamerschlak, N., Moraes, D. A., Simões, B. P., Rodrigues, M., Ribeiro, A. A., & Voltarelli, J. C. (2013). Guidelines of the Brazilian Society of Bone Marrow Transplantation on hematopoietic stem cell transplantation as a treatment for the autoimmune diseases systemic sclerosis and multiple sclerosis. *Revista Brasileira De Hematologia E Hemoterapia*, 35(2).

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