Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member’s specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms “experimental” and “investigational” are considered to be interchangeable.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. All other trademarks and service marks contained in this guideline are the property of their respective owners, which are not affiliated with BCBSAZ.

**Description:**

Adoptive immunotherapy (AIT) is a term describing treatment to boost an individual’s immune system using the individual’s own lymphocytic cells which are treated to become more aggressive at fighting cancer and other diseases. With AIT, the individual’s lymphocytes are removed from the body, specially treated and rein infused into the body. AIT has been investigated in the treatment of various cancers and viruses. Adoptive immunotherapy may also be referred to as cellular adoptive immunotherapy and adoptive cell transfer.
IMMUNOTHERAPY, ADOPTIVE (cont.)

Description: (cont.)

The transfer (removal, treatment and replacement) of the lymphocytic cells takes place using either adoptive cellular therapy (ACT) or through antigen-loaded dendritic cell infusions. The common steps in ACT are:

- Lymphocyte harvesting from tumor biopsy or peripheral blood
- Reproduction of tumor specific lymphocytes in vitro using various immune modulators
- Selection of lymphocytes with reactivity to common tumor antigens with ELISA
- Lymphodepletion with immunosuppressive agents
- Transfusion (adoptive transfer) of lymphocytes back into the individual

Originally, lymphokine-activated killer cells (LAK) were taken peripherally and activated in vitro with interleukin-2 (IL-2) and other cytokines. Newer techniques that yield populations of cytotoxic T-lymphocytes include the use of autologous dendritic cells (ADC) or tumor-infiltrating lymphocytes (TIL) or cytokine-induced killer (CIK) cells. If the lymphocytes are harvested from peripheral blood, ADC pulsed with tumor antigens are used to propagate the antigen-loaded autologous dendritic cells. If the lymphocytes are collected from the tumor biopsy, these TIL are propagated with IL-2 and OKT3. Genetically engineered T-cell immunotherapy uses gene transfer of tumor antigen-specific T-cell receptors (TCR) or synthetic chimeric antigen receptors (CAR).

Criteria:

For chimeric antigen receptor T (CAR T) cell immunotherapy with Kymriah™ (tisagenlecleucel) criteria, refer to BCBSAZ Medical Coverage Guideline #O1037, “Kymriah™ (tisagenlecleucel)”.

For gene therapy criteria, refer to BCBSAZ Medical Coverage Guideline #O680, “Gene Therapy”.

- Adoptive immunotherapy is considered experimental or investigational based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
  4. Insufficient evidence to support improvement outside the investigational setting.
IMMUNOTHERAPY, ADOPTIVE (cont.)

Resources:

Literature reviewed 08/21/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.


IMMUNOTHERAPY, ADOPTIVE (cont.)

Resources: (cont.)


IMMUNOTHERAPY, ADOPTIVE (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ’s Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ’s Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe’é atah nílínígíí Blue Cross Blue Shield of Arizona haada yít’éego bína’ídilkidgo éí doodago Háída bííjá aniyeedígíí t’áaddo le’e yína’ídilkidgo beehaz’áanii hóló díí t’aá hazaad’ëhíí háká a’doo wolgo bee haz’á doo báaqh ilínígóó. Ata’ halne’íígi kójí bíchíí jí hodiilihí 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thể thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thợ dịch viễn, xin gọi 877-475-4799.

Arabic: إن كان لديك أو أدى شخص تساعدك أسئلة بخصوص Blue Cross Blue Shield of Arizona غير واضحة، يتيح عليك على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة، للتحدث مع مترجمصلب 877-475-4799.
IMMUNOTHERAPY, ADOPTIVE (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutuulanang, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 돕맥시와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:
آگر شما، یا کسی که شما به او کمک می‌کنید، سوال در مورد اطلاعات به زبان خود را به مراجعه دروازه نماید 877-475-4799.

Assyrian:


Thai: หากคุณ หรือคนที่คุณช่วยช่วยเหลือถูกถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย โทร 877-475-4799