

# MEDICAL REVIEW GUIDELINES

## Transplant Guideline and Review Process

Originally adopted by the Medical Care Management Committee - June 15, 2021

Revised Date: September 15, 2022

Reviewed Date: September 18, 2023

MCMC Approval Date: September 21, 2023



### Title: Transplant Guideline and Review Process

*This Medical Review Guideline (Guideline) is provided for informational purposes only and does not constitute medical advice. It is intended solely for the use of Community Health Choice, Inc. and its affiliates, subsidiaries or other related entities existing now or in the future (Community) clinical staff as a guideline for use in determining medical necessity of requested procedures and therapy. This Guideline does not address eligibility or benefit coverage. Other Policies and Coverage Determination Guidelines may apply. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this Medical Review Guideline. If there is a discrepancy between this Guideline and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern. Community reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.*

#### PURPOSE:

The purpose of this Guideline is to provide criteria for prior authorization review of transplant evaluations and organ transplant requests for treatment of irreparable end organ failure.

#### GUIDELINE:

All transplant requests other than corneal transplants require prior authorization. All solid organ and nonsolid organ transplant requests will be reviewed by the Medical Director or qualified clinical designee. If criteria are met after review of benefits and appropriate federal/state regulations, NCD and/or LCD guidelines if DSNP member, the appropriate evidence-based guidelines, and the health plan guidelines below, the request will be approved.

Members must meet the Organ Procurement & Transplantation Network (OPTN)/United Network Organ Sharing (UNOS) guidelines for pre-transplantation evaluation and listing criteria and the diagnosis must be made by an appropriate specialist and/or transplant surgeon.

Requests for transplant must have **all** required clinical criteria documentation submitted prior to approval. **This is required even if the member was previously approved with another MCO prior to becoming eligible with Community Health Choice or if the request is for an urgent transplant.**

#### Contraindications to all transplant requests

Community considers transplantation of any solid or non-solid organ not medically necessary for members with any of the following absolute contraindications to transplantation when a member has:

- Active uncontrolled acute systemic infection
- Active untreated or untreatable malignancy
- Uncorrectable life-limiting medical conditions
- Irreversible severe brain damage

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- Severe end stage organ damage that would have a significant impact on the member's survival
- Persistent noncompliance
- Lack of adequate social support system
- Active alcohol dependency or substance abuse

Active alcohol dependency and/or substance abuse requires six months of documented abstinence through participation in a structured alcohol/substance abuse program with the regular meeting attendance and negative random drug testing. Active alcohol and substance abuse are defined as the consumption of alcohol in someone with a prior history of active alcohol dependency or the use of any illicit substance at any time in the six months prior to the request for transplant. Any exceptions must have a clearly documented reason why or be discussed via peer to peer with the requesting physician.

### ▪ **EXCEPTIONS FOR LIVER TRANSPLANTS:**

- Patient meets criteria for severe acute alcoholic hepatitis with documented failure of treatment and/or catastrophic decompensation where 6-months of abstinence is not realistic AND transplant center has an institutional protocol that requires, at a minimum:
  - o Presence of close supportive social network
  - o Absence of severe coexisting diseases or severe psychiatric disorders
  - o Agreement by patient (with support of his/her social network) to post-transplant rehabilitation and monitoring, and to lifelong alcohol/cigarette abstinence
- Evaluation by addiction specialist indicating high likelihood of success of post-transplant rehabilitation and abstinence
- Approval by a medical review board that includes, in addition to the regular members, a psychiatrist, addiction specialist and an ethicist
- No special consideration for acute decompensation with illicit drug addiction and/or abuse – Inactive alcohol and/or substance abuse (alcohol, crystal meth, heroin, cocaine, methadone, and/or narcotics, etc.)
- Recreational or medicinal use of marijuana is not a contraindication.

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### ▪ EXCEPTIONS FOR OTHER SOLID ORGAN TRANSPLANTS:

- Catastrophic decompensation where 6-months of abstinence is not realistic AND transplant center has an institutional protocol that requires, at a minimum:
  - Presence of close supportive social network
  - Absence of severe coexisting diseases or severe psychiatric disorders
  - Agreement by patient (with support of his/her social network) to post-transplant rehabilitation and monitoring, and to lifelong alcohol/cigarette abstinence – Evaluation by addiction specialist indicating high likelihood of success of post-transplant rehabilitation and abstinence
- Approval by a medical review board that includes in addition to the regular members, a psychiatrist, addiction specialist and an ethicist
- No special consideration for acute decompensation with illicit drug addiction and/or abuse
- Inactive alcohol and/or substance abuse (alcohol, crystal meth, heroin, cocaine, methadone, and/or narcotics, etc.)
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### References:

- Dove LM, Brown Jr RS. Liver transplantation in adults: Patient selection and pre-transplantation evaluation. In: *UpToDate*, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on September 1, 2022).
- Rossi AP, Cheng XS. Kidney transplantation in adults: Evaluation of the potential kidney transplant recipient. In: *UpToDate*, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on September 1, 2022).
- Hachem RR. Lung transplantation: General guidelines for recipient selection. In: *UpToDate*, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on September 1, 2022).
- Mancini D. Heart transplantation in adults: Indications and contraindications. In: *UpToDate*, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on September 1, 2022).
- Kanaan R. Indications and contraindications to lung transplant: patient selection. *Rev Pneumol Clin*. 2010;67(1):5-14.
- Kasike BL, Cangro CB, Hariharan S, Hricik DE, Kerman RH, Roth D, Rush DN, Vazquez MA and Weir MR. The Evaluation of Renal Transplant Candidates: Clinical Practice Guidelines for The American Society of Transplantation. *Am J Transplant*. 2001; Suppl. 1, Vol. 2: 5–9.
- Lucey MR, Brown KA, et al. Minimal Criteria for Placement of Adults on the Liver Transplant Waiting List. *Transplantation*. 1998;66(7):956-962
- Martin P, DiMartini A, Feng S, Brown Jr R, and Fallon M. Evaluation for liver transplantation in adults: 2013 Practice Guideline by the American Association for the Study of Liver Diseases and the American Society of Transplantation. *Hepatology*. 2014;59(3):1144-1165.
- Mathurin P et al. Early Liver Transplantation for Severe Alcoholic Hepatitis; *N Engl J Med* 2011; 365:1790-1800.
- Mehra MR, Canter CE, Hannan MM, et al. The 2016 International Society for Heart Lung Transplantation Listing Criteria for Heart Transplantation: A 10-year update. *J Heart Lung Transplant*. 2016;35(1):1-23.
- Nadim MK, Sung RS, et al. Simultaneous liver–kidney transplantation summit: current state and future directions. *Am J Transplant*. 2012; 12:2901-2908.
- Orens JB, et al. International guidelines for the selection of lung transplant candidates: 2006 update—a consensus report from the Pulmonary Scientific Council of the International Society for Heart and Lung Transplantation. *J Heart Lung Transplant*. 2006;25(7):745-55.
- O'Shea RS, Dasarathy S, McCullough AJ, et al. Alcoholic liver disease. *Hepatology*. 2010; 51:307.
- Watt KD, Charlton MR. Metabolic syndrome and liver transplantation: a review and guide to management. *J Hepatol*. 2010; 53:199-206.
- Everhart JE, Beresford TP. Liver transplantation for alcoholic liver disease: a survey of transplantation programs in the United States. *Liver Transpl Surg*. 1997 May;3(3):220-6.
- Kim Jk, Keeffe EB. Liver transplantation for alcoholic liver disease: current concepts and length of sobriety. *Liver Transpl*. 2004 Oct;10(10 Suppl 2): S31-8.