BlueCross BlueShield Federal Employee Program.

FEP Medical Policy Manual

FEP 8.01.55 Stem Cell Therapy for Peripheral Arterial Disease

Annual Effective Policy Date: April 1, 2024

Original Policy Date: March 2013

Related Policies:

2.02.18 - Progenitor Cell Therapy for the Treatment of Damaged Myocardium Due to Ischemia
8.01.52 - Orthopedic Applications of Stem Cell Therapy (Including Allografts and Bone Substitutes Used With Autologous Bone Marrow)

Stem Cell Therapy for Peripheral Arterial Disease

Description

Description

Peripheral arterial disease (PAD) is a common atherosclerotic syndrome associated with significant morbidity and mortality. Critical limb ischemia (CLI) is the end stage of lower-extremity PAD in which severe obstruction of blood flow results in ischemic pain at rest, ulcers, and a significant risk for limb loss. Use of autologous stem cells freshly harvested and allogeneic stem cells are reported to have a role in the treatment of PAD.

OBJECTIVE

The objective of this evidence review is to evaluate whether stem cell therapy improves the net health outcome in patients with peripheral arterial disease.

POLICY STATEMENT

Treatment of peripheral arterial disease, including critical limb ischemia, with injection or infusion of stem cells from concentrated bone marrow, expanded in vitro, stimulated from peripheral blood, or from an allogeneic source, is considered **investigational**.

POLICY GUIDELINES

None

BENEFIT APPLICATION

Experimental or investigational procedures, treatments, drugs, or devices are not covered (See General Exclusion Section of brochure).

FDA REGULATORY STATUS

Several point-of-care concentrations of bone marrow aspirate have been cleared by the FDA through the 510(k) process and are summarized in Table 1.

Table 1. FDA Approved Point-of-Care Concentration of Bone Marrow Aspirate Devices

Device	Manufacturer	Location	Date Cleared	510(k) No.
The SmartPrep Bone Marrow Aspirate Concentrate System, SmartPrep Platelet Concentration System	Harvest Technologies (now MD Biologix)	Lakewood, CO	12/06/2010	K103340
MarrowStim Concentration System (MSC system)	Biomet Biologics, Inc (now Zimmer Biomet)	Warsaw, IN	12/18/2009	BK090008
PureBMC SupraPhysiologic Concentrating System	EmCyte Corporation	Fort Myers, Florida	5/30/2019	K183205
Arthrex Angel System Kit	Arthrex, Inc.	Naples, Florida	5/23/2018	BK180180
Magellan Autologous Platelet Separator System	Arteriocyte Medical Systems (Medtronic)	Memphis, TN	11/09/2004	BK040068
BioCUE Platelet Concentration Kit (now BioCUE Blood and Bone Marrow Aspiration (bBMA) Concentration Kit)	Biomet Biologics, Inc. (now Zimmer Biomet)	Warsaw, IN	5/26/2010	BK100027
ART BMC/ART BMC PLUS System	SpineSmith Holdings, LLC (now Ceiling Biosciences)	Austin, TX	Not available	Not available
PXP System (now PXP-1000)	ThermoGenesis Corp.	Rancho Cordova, CA	07/10/2008	K081345

U.S. Food and Drug Administration product code: JQC.

RATIONALE

Summary of Evidence

For individuals who have peripheral arterial disease (PAD) who receive stem cell therapy, the evidence includes small randomized trials and systematic reviews. Relevant outcomes are overall survival, symptoms, change in disease status, morbid events, functional outcomes, quality of life, and treatment-related morbidity. The current literature on stem cells as a treatment for critical limb ischemia (CLI) due to PAD consists primarily of phase 2 studies using various cell preparation methods and methods of administration. A meta-analysis of the trials with the lowest risk of bias has shown no significant benefit of stem cell therapy for overall survival, amputation-free survival, or amputation rates. Three randomized controlled trials (RCTs) have been published that used granulocyte-macrophage colony-stimulating factor (GM-CSF)-mobilized peripheral blood mononuclear cells (PBMNC). The route of administration of cell therapy and the primary outcomes differed between studies. In the trial that added cell therapy to guideline-based care, there were no significant differences in progression-free survival and frequency of limb amputation at 1 year of follow-up. There was a substantial rate of subsequent surgical intervention in both arms. Well-designed RCTs with a larger number of subjects and low risk of bias are needed to evaluate the health outcomes of these various procedures. Several are in progress, including multicenter randomized, double-blind, placebo-controlled trials. More data on the safety and durability of these treatments are also needed. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

SUPPLEMENTAL INFORMATION

Practice Guidelines and Position Statements

Guidelines or position statements will be considered for inclusion in 'Supplemental Information' if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

American Heart Association and the American College of Cardiology

In 2016, the guidelines from the American Heart Association and the American College of Cardiology provided recommendations on the management of patients with lower-extremity peripheral arterial disease (PAD), including surgical and endovascular revascularization for critical limb ischemia.[25,26,] Stem cell therapy for PAD was not addressed.

European Society of Cardiology

In 2011, the European Society of Cardiology guidelines on the diagnosis and treatment of PAD did not recommend for or against stem cell therapy for PAD.[27,] However, in 2017, updated guidelines, published in collaboration with the European Society of Vascular Surgery, stated: "Angiogenic gene and stem cell therapy are still being investigated with insufficient evidence in favour of these treatments." The current recommendation is that stem cell/gene therapy is not indicated in patients with chronic limb-threatening ischemia (class of recommendation: III; Level of evidence: B).[28,]

Global Vascular Guideline

In 2019, a Global Vascular Guideline on management of chronic limb-threatening ischemia summarized the available literature on therapeutic angiogenesis for various etiologies.[29,] The guideline was a joint venture of the Society for Vascular Surgery, the European Society for Vascular Surgery, and the World Federation of Vascular Societies. Based on a moderate level of evidence, the guideline recommended that therapeutic angiogenesis in patients with chronic limb-threatening ischemia should be limited to the context of a clinical trial (strong recommendation). The authors noted that Phase 3 clinical trials are planned or underway so additional data may be forthcoming in the future.

U.S. Preventive Services Task Force Recommendations

Not applicable.

Medicare National Coverage

There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

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POLICY HISTORY - THIS POLICY WAS APPROVED BY THE FEP® PHARMACY AND MEDICAL POLICY COMMITTEE ACCORDING TO THE HISTORY BELOW:

Date	Action	Description
March 2013	New policy	Treatment of peripheral arterial disease, including critical limb ischemia, with injection or infusion of cells concentrated from bone marrow aspirate is considered investigational.
September 2013	Replace policy	Policy updated with literature review. References 3, 4, 6, 10, 12, 13, and 15 added, Some reordered. Policy statement unchanged.
September 2014	Replace policy	Policy updated with literature review, references 5, 14 added; policy statement unchanged.
September 2015	Replace policy	Policy updated with literature review, references 4, 9, and 23 added; policy statement unchanged.
June 2018	Replace policy	Policy updated with literature review through November 7, 2017; references 3, 4, 7, 9, 14, 15 and 17 added. Policy statement unchanged.
March 2019	Replace policy	Policy updated with literature review through October 29, 2018; references 4, 8 and 16 added. Policy statement unchanged.
March 2020	Replace policy	Policy updated with literature review through November 22, 2019; references added. Policy statement unchanged.
March 2021	Replace policy	Policy updated with literature review through December 1, 2020; references added. Policy statement unchanged.
March 2022	Replace policy	Policy updated with literature review through October 18, 2021; no references added. Policy statement unchanged.
March 2023	Replace policy	Policy updated with literature through December 2, 2022; references added. Policy statement unchanged.
March 2024	Replace policy	Policy updated with literature review through November 10, 2023; references added. Policy statement unchanged.