

***Title: Intravenous Immune Globulin (IVIG)***

<b>Origination:</b> 08/01/07	<b>Revised:</b> 08/18/10	<b>Annual Review:</b> 12/15/11
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**Purpose:**

To provide guidelines and criteria for the review and decision determination of requests for medications that requires prior authorization.

***Medication Summary***

- Immune globulins are collected from the venous blood of donors, and come as a solution composed primarily of heterogeneous human IgG with trace amounts of IgA and IgM. The amount of each IgG subclass is similar to that of human plasma, although the titers against specific antigens vary among manufacturers. Immune globulins supply a broad spectrum of opsonizing and neutralizing IgG antibodies against a wide variety of bacterial and viral agents.
- Immune globulins are administered by intravenous (IV) infusion, subcutaneous (SC) infusion, or subcutaneous (SC) injection.
- Immune globulins are indicated for the treatment of primary immunodeficiencies [i.e. agammaglobulinemia, hypogammaglobulinemia, common variable immunodeficiency (CVID), Wiskott-Aldrich syndrome, and severe combined immunodeficiency (SCID)]; prophylaxis of bacterial infections in members with hypogammaglobulinemia or recurrent bacterial infections associated with B-cell chronic lymphocytic leukemia (CLL); treatment of chronic inflammatory demyelinating polyneuropathy (CIDP) to improve neuromuscular disability and impairment and prevent relapse; to prevent or control bleeding associated with idiopathic thrombocytopenia purpura (ITP); and for prevention of coronary artery aneurysms associated with Kawasaki disease.
- Currently available immune globulin products include Octagam, Hizentra, Carimune NF, Flebogamma, Gammagard Liquid and S/D, Gammar-P, Gamunex, Iveegam EN, Privigen, Polygam S/D, and Vivaglobin. These products differ in preparation, method, viral inactivation steps, stabilizing agent, osmolality and IgA content; therefore these products are not all the same.

***Reference Statement***

- Guidelines are compiled from available US Food and Drug Administration (FDA) approved indications, general practice guidelines, and/or evidence-based uses established through phase III clinical studies without published conflicting data. Only clinical studies published in their entirety in reputable peer-reviewed journals will be evaluated.

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**Background Information, continued:**

***Eligibility Criteria***

- Member must be eligible and have applicable benefit coverage within the specified date(s) of service.
- Prior authorization requests that do not meet clinical criteria in this procedure will be forwarded to a Clinical Pharmacist for review.

***Exclusions***

- Members with IgA deficiency (principally, when the Member has IgE mediated antibodies to IgA [Octagam]).
- Privigen: Members with hyperprolinemia (product contains the stabilizer L-proline).
- Gammar-P: albumin hypersensitivity.
- History of hypersensitivity to human immunoglobulin, maltose, fructose, sorbitol, or sucrose.

***Additional Information***

- Requests received for IVIg or SCIG for **Medicare Members** will be reviewed using CMS “LCD for Intravenous Immune Globulin (L29205)”; refer to Attachment A or view on-line at [http://www.cms.hhs.gov/mcd/results\\_index.asp?from=%27lmpcontractor%27&contractor=197&name=First+Coast+Service+Options%2C+Inc%2E+%2809102%2C+MAC+%2D+Part+B%29&letter\\_range=4&retired](http://www.cms.hhs.gov/mcd/results_index.asp?from=%27lmpcontractor%27&contractor=197&name=First+Coast+Service+Options%2C+Inc%2E+%2809102%2C+MAC+%2D+Part+B%29&letter_range=4&retired)

**Procedure:**

- 1.0 Request for *initial therapy* with IVIG requires documentation from the Member’s medical records maintained by the requesting independent practitioner verifying **one (1)** of the following diagnoses:
  - 1.1 Treatment of primary immune deficiency disorders including, but not limited to, Congenital X-linked agammaglobulinemia, common variable immunodeficiency, and severe combined immunodeficiencies with:
    - 1.1.1 IGg lab values of less than 600mg/dl; **AND**
    - 1.1.2 Member had at least one (1) bacterial infection directly attributed to Member’s immunodeficiency; **OR**
    - 1.1.2 The Member has a deficiency in producing antibodies;

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**Procedure, continued:**

- 1.0 Request for *initial therapy* with IVIG requires documentation from the Member's medical records maintained by the requesting independent practitioner verifying **one (1)** of the following diagnoses, continued:
  - 1.2 For Wiskott-Aldrich Syndrome (only) with:
    - 1.2.1 IgM lab values less than 40mg/dl; **AND**
    - 1.2.2 Member had at least one (1) bacterial infection directly attributed to Member's Immunodeficiency; **OR**
    - 1.2.3 The Member has a deficiency in producing antibodies;
  - 1.3 HIV (pediatric use only);
  - 1.4 Idiopathic thrombocytopenia purpura (ITP):
    - 1.4.1 For acute disease state:
      - 1.4.1.1 To manage acute bleeding due to severe thrombocytopenia (platelet counts usually <30,000/ul); **OR**
      - 1.4.1.1 To increase platelets counts prior to invasive surgical procedures, e.g., splenectomy (Platelets <100,000/ul); **OR**
      - 1.4.1.1 Member has severe thrombocytopenia (platelet counts <20,000/ul) and considered to be at risk for intracerebral hemorrhage;
    - 1.4.2 For chronic disease state:
      - 1.4.2.1 Received prior treatment with corticosteroids and/or splenectomy (or at high risk of post-splenectomy sepsis); **AND**
      - 1.4.2.2 Duration of illness >6 months; **AND**
      - 1.4.2.3 Member age ≥10years;
  - 1.5 Chronic Inflammatory Demyelinating Polyneuropathy (CIDP):
    - 1.5.1 Member has unequivocal CIDP as defined by the mandatory clinical and physiologic or pathologic criteria of the American Academy of Neurology or from the Medical Advisory Committee of the Neuropathy Association; **AND**
    - 1.5.2 Member has severe CIDP (Rankin scores of 4 or 5) and a rapid therapeutic response is deemed medically desirable; **OR**
    - 1.5.2 Refractory to or intolerant of prednisone or azathioprine given in therapeutic doses over at least three (3) months; **AND**
    - 1.5.3 A neurologic function assessment score of at least three (3) or greater on the Rankin scale at the time of initial therapy;

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**Procedure, continued:**

- 1.0 Request for *initial therapy* with IVIG requires documentation from the Member's medical records maintained by the requesting independent practitioner verifying **one (1)** of the following diagnoses, continued:
  - 1.6 Iridocyclitis;
  - 1.7 Thrombotic microangiopathy;
  - 1.8 Autoimmune hemolytic anemia, or acquired Factor VII or Factor IX inhibitors;
  - 1.9 Acute infective polyneuritis (Guillain-Barre Syndrome):
    - 1.9.1 Disease is acute or rapid (progressive forms exist with symptoms of extreme weakness or respiratory distress);
  - 1.10 Inflammatory and toxic neuropathy, multifocal motor neuropathy;
  - 1.11 Myasthenia Gravis:
    - 1.11.1 Severe disease state. **AND**
    - 1.11.2 Received a trial of conventional therapy option(s);
  - 1.12 Bullous Dermatoses including but not limited to pemphigus, pemphigoid, and benign mucous membrane pemphigoid (with or without ocular involvement):
    - 1.12.1 Severe disease state; **AND**
    - 1.12.2 Received a trial of conventional therapy option(s);
  - 1.13 Refractory dermatomyositis and polymyositis:
    - 1.13.1 Severe disease state; **AND**
    - 1.13.2 Received a trial of conventional therapy option(s);
  - 1.14 Complication of transplanted organ: kidney, liver, lung, heart, pancreas, and bone marrow transplant;
  - 1.15 Cancer-related Antiviral Infections;
  - 1.16 Stiff-Person Syndrome;

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**Procedure, continued:**

- 1.0 Request for *initial therapy* with IVIG requires documentation from the Member's medical records maintained by the requesting independent practitioner verifying **one (1)** of the following diagnoses, continued:
  - 1.17 Relapsing-remitting Multiple Sclerosis:
    - 1.17.1 Failure or intolerance to standard therapies (interferons); **AND**
    - 1.17.2 Severe manifestations of relapsing-remitting MS (**NOT** primary or secondary progressive);
  - 1.18 Multiple Myeloma:
    - 1.18.1 IgG lab value of less than 600mg/dl; **AND**
    - 1.18.2 Member had at least one (1) bacterial infection directly attributed to Member's Immunodeficiency; **OR**
    - 1.18.2 The Member has a deficiency in producing antibodies;
  - 1.19 Allogeneic bone marrow transplant and association prevention of Graft versus Host disease;
  - 1.20 Acquired/secondary humoral immunodeficiencies with recurrent infection and hypoglobulinemia: Chronic Lymphoid Leukemia (CLL), Acute Lymphoid Leukemia (ALL), Acute Myelogenous Leukemia (AML), Chronic Myelogenous Leukemia (CML) with:
    - 1.20.1 IgG lab value of less than 600mg/dl; **AND**
    - 1.20.2 Had at least one (1) bacterial infection directly attributed top Member's Immunodeficiency; **OR**
    - 1.20.2 The Member has a deficiency in producing antibodies;
  - 1.21 Kawasaki's Disease;
  - 1.22 Enteritis due to rotavirus;
  - 1.23 Unspecified staphylococcus septicemia;
  - 1.24 Toxic shock syndrome;
  - 1.25 Newborn septicemia;
  - 1.26 Hemolytic disease of the newborn;
  - 1.27 Epilepsy, pediatric intractable;
  - 1.28 Fetal or natal autoimmune thrombocytopenia (FAIT);
  - 1.29 If criteria are met, IVIG is approvable for up to 180 days.

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**Procedure, continued:**

- 2.0 Request for *continuation of therapy* beyond initial authorization period with IVIG for the **above indications** requires documentation of **disease stabilization or improvement** from the Member's medical records maintained by the requesting independent practitioner.
  - 2.1 If criteria are met, IVIG is approvable for up to 180 days.

**References:**

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**Disclaimer Information:**

Prior Authorization criteria are developed to determine coverage for AvMed Health Plans' benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed Health Plans makes coverage decisions based on the Member's benefit plan contract and these criteria. This guideline sets forth concise clinical coverage criteria which have been developed from a review of current literature, policies of the FDA and other government agencies, and other appropriate references, in consultation and with approval from practicing physicians who are members of AvMed's Pharmacy and Therapeutic committee. Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change. The use of these criteria is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.