I. Policy:
Intravenous Immune Globulin (IVIG)

II. Purpose/Objective:
To provide a policy of coverage regarding Intravenous Immune Globulin (IVIG)

III. Responsibility:
A. Medical Directors
B. Medical Management
C. Pharmacy Department

IV. Required Definitions
1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than
3. the department requiring/authoring the policy.
4. Devised – the date the policy was implemented.
5. Revised – the date of every revision to the policy, including typographical and grammatical changes.
6. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards good medical treatment practiced by the general medical community;
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and

e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

(i) the service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.

(ii) the service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.

(iii) the service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

DESCRIPTION:
Immune Serum Globulins are used to provide passive immunity or to alter the immune response by increasing the recipients’ antibody titer and antigen-antibody reaction potential. IgG antibodies help to prevent or modify certain infectious diseases in susceptible individuals. Five major classes of immunoglobulin proteins exist in human serum and other body fluids (IgA, IgD, IgE, IgG, and IgM). Immune globulin is an antibody-containing solution obtained from the pooled plasma of pre-screened, presumably healthy blood donors.

**CRITERIA FOR USE: Requires Prior Authorization by Medical Director or Designee**

This policy refers to the following intravenous immune globulin drug products:
- Carimune® NF
- Flebogamma®
- Flebogamma® DIF
- Gammagard® Liquid
- Gammagard® S/D
- Gammaplex®
- Gammaked™
- Gamunex®
- Gamunex®-C
- Octagam®
- Privigen®
- Hizentra®
- Bivigam
- Hyqvia™ (Primary Humoral Immunodeficiencies indications only)
- Cuvitru

IVIG is considered to be medically necessary for the following indications when specified criteria are met:

- **Primary Humoral Immunodeficiencies, including combined immunodeficiencies**
  - Congenital Agammaglobulinemia (X-linked agammaglobulinemia)
  - Autosomal recessive agammaglobulinemia
  - Common Variable Immunodeficiency (CVID)
  - Wiskott-Aldrich Syndrome
  - X-linked or autosomal recessive immunodeficiency with hyperimmunoglobulin M
  - Severe Combined Immunodeficiency (SCID)
  - Ataxia-telangiectasia
  - DiGeorge syndrome
  - Nijmegen breakage syndrome
  - Griscelli syndrome
  - NEMO deficiency
  - WHIM (warts, hypogammaglobulinemia, immunodeficiency, and myelokathexis) syndrome
  - X-linked lymphoproliferative disease (in patients with hypogammaglobulinemia or dysgammaglobulinemia and infections)
  - Hypogammaglobulinemia provided the appropriate work up is performed to determine extent (ex. flow cytometry and anamnestic response to recall antigens)

  Patients with primary immunodeficiencies must meet the following criteria:
  1. Medical record documentation/laboratory results of immunoglobulin deficiency; **AND**
  2. Medical record documentation of an inability to amount an adequate immunologic response to inciting antigens; **AND**
  3. Medical record documentation of persistent and severe infections

- **Idiopathic Thrombocytopenia Purpura (ITP)**
  1. Acute ITP when either of the following are present:
     - Active bleeding and a platelet count of less than 30,000/mm³; **AND**
     - Medical record documentation of use in conjunction with a corticosteroid or a contraindication to or failure on corticosteroid therapy; **OR**
     - As a preoperative treatment prior to major invasive surgical procedures **AND**
     - IVIG be used with corticosteroids when a more rapid increase in platelet count is required

  2. Chronic ITP when the following criteria are met:
     - Platelet count less than 30,000/mm³ in children or less than 20,000/mm³ in adults; **AND**
• No concurrent illness or disease explaining thrombocytopenia; **AND**
• Medical documentation of prior treatment with a long course or high dose of corticosteroids (ex, prednisone 1 mg/kg orally for 21 days then tapered off), a splenectomy; **OR**
• Active bleeding and a platelet count of less than 30,000/mm³; **OR**
• As a preoperative treatment prior to major invasive surgical procedures

3. ITP in pregnancy with medical documentation of any of the following:
• Platelet counts less than 10,000/mm³ during the third trimester
• Platelet count of 10,000/mm³ to 30,000/mm³ and active bleeding
• Platelet counts less than 10,000/mm³ after steroid failure
• Platelet count of 10,000/mm³ to 30,000/mm³ and active bleeding after steroid failure
• Platelet count of 10,000/mm³ to 30,000/mm³ during third trimester and asymptomatic after steroid failure

4. Secondary ITP
   a. *H*-pylori-associated
      i. Eradication of *H*-pylori in patients testing positive

• **Acquired Hypogammaglobulinemia Secondary to Chronic B-cell Lymphocytic Leukemia or Multiple Myeloma**
  The following criteria must be met:
  1. IgG less than 500 mg/dl, **AND**
  2. a documented history of repeated bacterial infection two times in one year or a severe bacterial infection within the last 6 months

• **Post-transfusion purpura**
  The following criteria must be met:
  1. Medical documentation of failure, intolerance, or contraindication to corticosteroids and plasmapheresis; **OR**
  2. Platelet count less than 10,000/mm³ with bleeding

• **Kawasaki Disease**
  The following criteria must be met:
  1. Documentation of a diagnosis of Kawasaki disease.
  2. Treatment with IVIG is begun within 10 days of the onset of fever.

• **Pediatric HIV infection – Bacterial infection prevention**
  The following criteria must be met:
  1. Indicated in HIV positive children with humoral immunodeficiency AND
  2. Entry CD4+ lymphocyte count of 200/mm³ or greater AND
  3. Hypogammaglobulinemia AND one or more of the following:
  4. Recurrent serious bacterial infections **OR**
  5. Failure to form antibodies to common antigens **OR**
  6. There is a high risk for measles **OR**
  7. There is a documented bronchiectasis that has not adequately responded to antimicrobial and pulmonary therapy.

• **Bone Marrow Transplantation (for lines of business not covered by the transplant vendor only)**
  The following criteria must be met:
  1. The transplant recipient is within the first 100 days after transplant from a matched unrelated donor; **OR**
  2. Documentation of treatment of Graft vs. Host Disease in a transplant recipient receiving allogenic matched bone marrow transplant with chronic repeated infections or hypogammaglobulinemia (IgG levels less than 400 mg/dL); **OR**
  3. Documentation of autologous transplant with hypogammaglobulinemia (IgG level less than 400 mg/dL) or repeated infections.

• **Myasthenia Gravis (Acute use)**
  The following criteria must be met:
  1. Must be prescribed by a neurologist; **AND**
  2. Documentation of therapeutic failure on, intolerance to, or contraindication to at least two standard treatments (e.g. cholinesterase inhibitors, azathioprine, corticosteroids) and /or a combination of these treatments for a minimum of 3 months; **AND**

Medical documentation of one of the following indications:
3. Diagnosis of acute myasthenic crisis with decompensation; OR
4. Use during postoperative period following a thymectomy; OR
5. Use prior to planned thymectomy

- **Refractory Chronic Debilitating Myasthenia Gravis**
  1. Medical record documentation of refractory Chronic Debilitating Myasthenia Gravis AND
  2. Prescribed by or in consultation with a neuromuscular specialist AND
  3. Medical record documentation of therapeutic failure on, intolerance to, or contraindication to at least one corticosteroid AND
  4. Medical record documentation of therapeutic failure on, intolerance to, or contraindication to at least one cholinesterase inhibitor AND
  5. Medical record documentation of therapeutic failure on, intolerance to, or contraindication to at least one non-steroidal immunosuppressive therapy

- **Dermatomyositis and Polymyositis**
  All of the following criteria must be met:
  1. Diagnosis of dermatomyositis or polymyositis confirmed by biopsy AND
  2. Documented evidence of active disease AND
  3. Must be prescribed by a neurologist AND
  4. Documented evidence that the condition is refractory to both of the following therapies
     A) First line therapy: corticosteroids (at least 4 months of therapy)
     B) Second line therapy: at least two immunosuppressants (e.g. cyclosporine, azathioprine, methotrexate, cyclophosphamide)

- **Guillain-Barre Syndrome/Ascending Paralysis**
  The following criteria must be met:
  1. Adults with a diagnosis of either acute or chronic Guillain-Barre syndrome; AND
  2. Must be prescribed by a neurologist AND
  3. IVIG will be initiated within 2 weeks but no longer than 4 weeks of neuropathic symptom onset if acute onset; AND.
  4. No plan for combining IVIG with plasma exchange or sequential plasma exchange and IVIG.

- **Chronic Inflammatory Demyelinating Polyneuropathy**
  All of the following criteria must be met:
  1. Must be prescribed by a neurologist; AND
  2. Documented evidence of focal or symmetric neurologic deficits that are slowly progressive or relapsing over 12 weeks or longer AND
  3. Physician provided documentation of EMG abnormalities consistent with the diagnosis of Chronic Inflammatory Demyelinating Polyneuropathy (a minimum of 3 of the following must be documented):
     a. Partial conduction block of one or more motor nerves
     b. Decreased conduction velocity of two or more motor nerves
     c. Prolongation of distal latency of two or more motor nerves
     d. Prolongation or absence of F-wave latencies in two or more motor nerves

  Improvement should be apparent after 8 weeks of treatment; otherwise, requests for further treatment will require Medical Director review.

  Relapses may require periodic isolated treatments with a single dose of IVIG.

- **Fetal or Neonatal Alloimmune Thrombocytopenia (FAIT)**
  The following criteria must be met:
  1. There has been a history of a previous pregnancy affected by FAIT and the father is homozygous for HPA-1a; OR
  2. At 20 weeks, cordocentesis reveals fetal platelets less than 100,000uL; OR
  3. Neonate with severe thrombocytopenia, who is at high risk of developing intracranial hemorrhage and washed irradiated maternal platelets are not available, have not been successful, have become intolerable, or are contraindicated
• **Multifocal Motor Neuropathy**
  The following criteria must be met:
  1. Must be prescribed by a neurologist; AND
  2. Medical documentation of progressive symptoms for a minimum of 2 months; AND
  3. Documentation of a diagnosis of multifocal motor neuropathy with conduction block as shown on electrophysiologic study as evidenced by:
     • Conduction block on a single nerve or probable conduction block in two or more nerves
     • Normal sensory nerve conduction in upper limb segments and normal sensory nerve action potential (SNAP) amplitude

  Treatment is limited to one course of therapy defined as 3 months if approved. Requests for further treatment will require Medical Director review.

• **CMV Interstitial Pneumonia in Allogenic Bone Marrow Transplant or HSCT patients (Ib/A)**
  The following criteria must be met:
  1. Medical record documentation of CMV pneumonia
  2. Medical record documentation that IVIG is being used in combination with or patient has a contraindication to ganciclovir

• **Toxic shock syndrome (III/C)**
  The following criteria must be met:
  1. Used in conjunction with conventional therapy
  2. Caused by staphylococcal or streptococcal organisms

• **Neonatal sepsis (Ib/A)**
  The following criteria must be met:
  Used in conjunction with conventional therapy

• **Graves’ Ophthalmopathy (Ib/A)**
  The following criteria must be met:
  1. Medical record documentation of failure on, contraindication to, or intolerance to conventional treatment (corticosteroids)
  2. Prescription must be written by an ophthalmologist

• **Autoimmune Mucocutaneous Blistering Diseases (pemphigus, pemphigoid, pemphigus vulgaris, pemphigus foliaceus, Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis (III/C)**
  The following criteria must be met:
  1. Diagnosis must be substantiated by biopsy; AND
  2. Failure or contraindication to two or more conventional therapies (corticosteroids, azathioprine, cyclophosphamide, etc.);
     OR
  3. Have rapidly progressive disease in which a clinical response could not be quickly achieved utilizing conventional therapy. IVIG would be given in conjunction with conventional therapy and only until such time as conventional therapy could take effect

  Note: IVIG for the treatment of autoimmune mucocutaneous blistering disease must be used only for short-term therapy and not as maintenance therapy.

• **Solid Organ Transplant**
  The following criteria must be met:
  Prevention of acute humoral rejection
  ▪ Medical record documentation that patient is at high risk for antibody-mediated rejection, including highly sensitized patients or receiving ABO incompatible organ

  OR
  Treatment of acute humoral rejection
  ▪ Medical record documentation of antibody-medicated rejection
- **Rasmussen’s Encephalitis** (IIb/B)
  The following criteria must be met:
  1. Medical record documentation that short term amelioration of encephalitis is needed prior to definitive surgical therapy
  2. Medical record documentation of intractable focal motor seizures and progressive neurologic deterioration

- **Stiff-Person Syndrome** (Ib/A)
  The following criteria must be met:
  1. Prescription written by a neurologist
  2. Medical record documentation of failure on, intolerance to, or contraindication to all standard therapies (muscle relaxants, benzodiazepines, and gabapentin-related medications)

- **Eaton-Lambert myasthenic syndrome** (Ib/A)
  All of the following criteria must be met:
  1. Prescription written by a neurologist
  2. Medical record documentation of failure on, contraindication to, or intolerance to other treatments including corticosteroids or other immunosuppressants, cholinesterase inhibitors, and 3,4-diaminopyridine.

- **Multiple Sclerosis (relapsing/remitting type)**
  All of the following criteria must be met:
  1. Must be prescribed by a neurologist; AND
  2. Medical record documentation of RRMS AND
  3. Medical record documentation of current MS exacerbation AND
  4. Medical record documentation of therapeutic failure on, contraindication to, or intolerance to an appropriate trial of high dose corticosteroids

  Improvement should be apparent after 2 courses of monthly treatment, otherwise, requests for further treatment will require Medical Director review of supporting documentation of expected outcome.

  Note: IVIG is considered investigational for primary or progressive multiple sclerosis and will not be covered.

- **Warm Antibody Autoimmune hemolytic anemia** (III/D)
  The following criteria must be met:
  1. Refractory to or contraindicated to corticosteroids and immunosuppressive agents
  2. Refractory to splenectomy

- **Parvovirus B19 Infection**
  All of the following criteria must be met:
  1. Prescribed by or in consultation with an infectious disease specialist, immunologist, hematologist, or transplant specialist
  2. Medical record documentation of chronic immunodeficient condition (HIV, solid organ transplant ect)
  3. Medical record documentation of chronic parvovirus B19 infection
  4. Medical record documentation of severe anemia as defined by hemoglobin < 8 g/dL

- **Catastrophic Antiphospholipid Syndrome (CAPS)** (III/C)
  All of the following criteria must be met:
  1. Documentation of a life-threatening condition
  2. Documentation of severe thrombocytopenia and microangiopathic hemolytic anemia
  3. Documentation of failure on, contraindication to, or intolerance to conventional treatment with anticoagulation and steroids
  4. Should be used in combination with plasma exchange

**AUTHORIZATION DURATION:** Each treatment period will be defined as 6 months or less, unless otherwise stated (e.g. Chronic Inflammatory Demyelinating Polyneuropathy, Multiple Sclerosis, and Multifocal Motor Neuropathy). Re-review will occur every 6 months or less, dependent on the indication. Documentation of clinical response to therapy is required after initiation of therapy. If initial benefit is seen and continued therapy is deemed necessary, documentation of objective monitoring must be seen. Clinical improvement is superior to laboratory monitoring. IVIG will no longer be covered if there is a medical record documentation of disease progression.
LIMITATIONS: When approved, IVIG will be administered in a setting determined by the Plan, in consultation with the requesting physician to be the most clinically appropriate and/or medically necessary.

Initial Dosing: Dosing should be calculated using adjusted body weight (ABW) if one or more of the following criteria are met:

- Patient’s body mass index (BMI) is 30 kg/m² or more
- Patient’s actual body weight is 20% higher than his or her ideal body weight (IBW)

Dosing formulas:
- BMI = weight in kg / height in meters²
- IBW (kg) for males = 50 + [2.3 (height in inches – 60)]
- IBW (kg) for females = 45.5 + [2.3 * (height in inches – 60)]
- ABW = IBW + 0.5 (actual body weight – IBW)

Geisinger Health Plan considers some conditions other than those listed under Indications to be Experimental, Investigational or Unproven and NOT Medically Necessary. These conditions include:

- Alzheimer’s disease
- amyotrophic lateral sclerosis
- atopic dermatitis
- autism
- chronic fatigue syndrome
- chronic mucocutaneous candidiasis (CMCC)
- complex regional pain syndrome (CRPS)
- epilepsy
- inclusion body myositis
- Lyme disease
- neuromyelitis optica (NMO) (Devic’s Disease)
- optic neuritis
- paraproteinemic demyelinating neuropathy (PDN)
- post-polio syndrome
- recurrent spontaneous miscarriage
- rheumatic fever
- secondary progressive multiple sclerosis (SPMS)
- systemic lupus erythematosus

LINE OF BUSINESS:
Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy.

This policy will be revised as necessary and reviewed no less than annually.

Devised: 11/01

Revised: 8/02 (add indication, coding); 1/1/03 Coding; 8/05; 5/07; 11/09(coding); 12/12, 2/13 (coding); 11/18/14 (add indications, authorization duration, add new criteria, dosing criteria, coding), 03/24/15 (add Hygvia, requirements and auth duration), 3/21/17 (Cuvitru added), 3/20/18 (MG updated), 7/17/18 (chronic MG)

Reviewed: 11/18/14, 3/31/16,