Medical Policy

Intravenous Immune Globulins (IVIG)	
MEDICAL POLICY NUMBER	Med_Clin_Ops_084
CURRENT VERSION EFFECTIVE DATE	January 1, 2024
APPLICABLE PRODUCT AND MARKET	*Individual Family Plan:* All Plans *Small Group*: All Plans *Medicare Advantage:* All Plans

Brand New Day/Central Health Medicare Plan develops policies and makes coverage determinations using credible scientific evidence including but not limited to MCG™ Health Guidelines, the ASAM Criteria™, and other third party sources, such as peer-reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations, and expert opinion as relevant to supplement those sources. Brand New Day/Central Health Medicare Plan Medical Policies, MCG™ Guidelines, and the ASAM Criteria™ are not intended to be used without the independent clinical judgment of a qualified health care provider considering the individual circumstances of each member's case. The treating health care providers are solely responsible for diagnosis, treatment, and medical advice. Members may contact Brand New Day/Central Health Medicare Plan Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Brand New Day/Central Health Medicare Plan Medical Policy may contact the Health Plan. Brand New Day/Central Health Medicare Plan policies and practices are compliant with federal and state requirements, including mental health parity laws.

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PURPOSE

The purpose of this policy is to establish the clinical review criteria that support the determination of medical necessity for intravenous immune globulin (IVIG) therapy.

POLICY

Prior Authorization and Medical Review is required.

Coverage will be provided for 6 months and may be renewed for 12-month intervals thereafter unless otherwise specified.

Dosing Limitation:

Indication	Billable Units	Max Units Per # days (unless otherwise specified)
PID	184	21

	Load: 460	4
CIDP	Maintenance: 230	21
Immune thrombocytopenia/ITP	460	28
Kawasaki's Disease (pediatric patients only)	232	1 dose only
Multifocal Motor Neuropathy	460	28
Dermatomyositis/Polymyositis	460	28

Initial

Primary immunodeficiency (PID)/Wiskott -Aldrich syndrome
Such as: x-linked agammaglobulinemia, common variable immunodeficiency, transient hypogammaglobulinemia of infancy, IgG subclass deficiency with or without IgA deficiency, antibody deficiency with near normal immunoglobulin levels) and combined deficiencies (severe combined immunodeficiencies, ataxia-telangiectasia, x-linked lymphoproliferative syndrome) ***[list not all inclusive]***

A. Requested drug is being prescribed by, or in consultation with, an allergist, immunologist, hematologist, oncologist, or infectious disease specialist; **AND**
B. Patient has a documented IgG level less than 200 mg/dL **OR** both of the following:
    a. Patient has a history of multiple hard to treat infections as indicated by at least one of the following:
        i. Four or more ear infections within 1 year
        ii. Two or more serious sinus infections within 1 year
        iii. Two or more months of antibiotics with little effect
        iv. Two or more pneumonias within 1 year
        v. Recurrent or deep skin abscesses
        vi. Need for intravenous antibiotics to clear infections
        vii. Two or more deep-seated infections including septicemia; **AND**
    b. Patient has a deficiency in producing antibodies in response to vaccination; **AND**
        i. Titers were drawn before challenging with vaccination; **AND**
        ii. Titers were drawn between 4 and 8 weeks of vaccination.

Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) – Gamunex-C, Gammaked

A. Requested drug is being prescribed by, or in consultation with, a neurologist; **AND**
B. Patient's disease course is progressive or relapsing and remitting for 2 months or longer; **AND**
C. Patient has abnormal or absent deep tendon reflexes in upper or lower limbs; **AND**
D. Electrodiagnostic testing indicating demyelination:
    a. Partial motor conduction block in at least two motor nerves or in 1 nerve plus one other demyelination criterion listed here in at least 1 other nerve; **OR**
    b. Distal CMAP duration increase in at least 1 nerve plus one other demyelination criterion listed here in at least 1 other nerve; **OR**
    c. Abnormal temporal dispersion conduction must be present in at least 2 motor nerves; **OR**
    d. Reduced conduction velocity in at least 2 motor nerves; **OR**
    e. Prolonged distal motor latency in at least 2 motor nerves; **OR**
    f. Absent F wave in at least two motor nerves plus one other demyelination criterion listed here in at least 1 other nerve; **OR**
    g. Prolonged F wave latency in at least 2 motor nerves; **AND**

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E. Cerebrospinal fluid analysis indicates the following:
   a. CSF white cell count of <10 cells/mm^3; AND
   b. CSF protein is elevated; AND
F. Patient is refractory or intolerant to corticosteroids (e.g., prednisolone, prednisone, etc.) given in therapeutic doses over at least three months; AND
G. Baseline in strength/weakness has been documented using an objective clinical measuring tool (e.g., INCAT, Medical Research Council (MRC) muscle strength, 6-MWT, Rankin, Modified Rankin,etc.)

Note: Initial authorization will be for 3 months

Immune thrombocytopenia/Idiopathic thrombocytopenia purpura (ITP) – Gamunex-C, Gammagard S/D, Gammaked, Gammaplex, Privigen

A. Requested drug is being prescribed by, or in consultation with, an hematologist or oncologist; **AND**
B. For acute disease state:
   a. To manage acute bleeding due to severe thrombocytopenia (platelet counts less than 30 X 109/L); **OR**
   b. To increase platelet counts prior to invasive surgical procedures such as splenectomy. (Platelets less than 100 X 109/L); **OR**
   c. Patient has severe thrombocytopenia (platelet counts less than 20 X 109/L) and is considered to be at risk for intracerebral hemorrhage

   Note: Authorization is valid for 1 month only and cannot be renewed

Chronic Immune Thrombocytopenia (CIT) - Privigen

A. Patient is 2 years of age or older; **AND**
B. Patient is at increased risk for bleeding as indicated by a platelet count less than 30 X 109/L; **AND**
C. History of failure, contraindication, or intolerance to corticosteroids; **AND**
D. Duration of illness is greater than 6 months.

Multifocal Motor Neuropathy – Gammagard Liquid

A. Requested drug is being prescribed by, or in consultation with, a neurologist; **AND**
B. Patient has progressive multi-focal weakness (without sensory symptoms); **AND**
C. Complete or partial conduction block or abnormal temporal dispersion conduction must be present in at least 2 nerves with accompanying normal sensory nerve conduction study across the same nerve that demonstrated the conduction block; **AND**
D. Baseline in strength/weakness has been documented using an objective clinical measuring tool (e.g., INCAT, Medical Research Council (MRC) muscle strength, 6-MWT, Rankin, Modified Rankin, etc.).

Note: Initial authorization is valid for 3 months

Dermatomyositis/Polymyositis - Octagam 10%

A. Requested drug is being prescribed by, or in consultation with, a dermatologist or rheumatologist; **AND**
B. Patient has severe active disease; **AND**
C. Patient has proximal weakness in all upper and/or lower limbs; **AND**
D. Diagnosis has been confirmed by muscle biopsy; **AND**
E. Patient has failed a trial of corticosteroids (i.e., prednisone); **AND**

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F. Patient has failed a trial of an immunosuppressant (e.g., methotrexate, azathioprine, etc.); **AND**
G. Must be used as part of combination therapy with other agents; **AND**
H. Patient has a documented baseline physical exam and muscular strength/function.

Note: Initial authorization is valid for 3 months

Kawasaki's disease (Pediatric) - Gammagard S/D

A. Requested drug is being used to prevent coronary artery aneurysms associated with Kawasaki syndrome.

Note: Authorization is valid for 1 course (1 month) only and cannot be renewed

Hypogammaglobulinemia/B-cell Chronic Lymphocytic Leukemia (CLL) – Gammagard S/D

A. Requested drug is being used to prevent bacterial infections in patients with hypogammaglobulinemia and/or recurrent bacterial infections associated with B-cell chronic lymphocytic leukemia (CLL).

Renewal

Primary immunodeficiency (PID)/Wiskott -Aldrich syndrome

A. Documentation of disease response as evidenced by one or more of the following:
    a. Decrease in the frequency of infection
    b. Decrease in the severity of infection

Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

A. Renewals will be authorized for patients who have demonstrated a beneficial clinical response to therapy based on an objective clinical measuring tool (e.g., INCAT, Medical Research Council (MRC) muscle strength, 6-MWT, Rankin, Modified Rankin, etc.).

Chronic Immune Thrombocytopenia/ITP

A. Disease response as indicated by the achievement and maintenance of a platelet count of at least 50 X 109/L as necessary to reduce the risk for bleeding.

Multifocal Motor Neuropathy

A. Patient has demonstrated a clinical response to therapy based on an objective clinical measuring tool (e.g., INCAT, Medical Research Council (MRC) muscle strength, 6-MWT, Rankin, Modified Rankin, etc.).

Dermatomyositis/Polymyositis - Octagam 10%

A. Patient had an improvement from baseline on physical exam and/or muscular strength and function.

Note: Renewal authorizations are provided for 6 months

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DOSAGE/ADMINISTRATION

Dosing Recommendations:

- *Patient's dose should be reduced to the lowest necessary to maintain benefit for their condition. Patients who are stable, or who have reached the maximum therapeutic response,should have a trial of dose reduction (e.g., 25-50% reduction in dose every 3 months).*
- *Patients who have tolerated dose reduction and continue to show sustained improvement(i.e. remission) should have a trial of treatment discontinuation; with the following exceptions:*
- *PID would be excluded from a trial of discontinuation*

Indication	Dose
PID	200 to 800 mg/kg every 21 to 28 days
CIDP	2 g/kg divided over 2-5 days initially, then 1 g/kg administered in 1-2 infusions every 21 days
ITP	2 g/kg divided over 5 days or 1 g/kg once daily for 2 consecutive days in a 28-day cycle
Kawasaki's Disease (Pediatric Patients)	1 g/kg to 2 g/kg x 1 course
Multifocal Motor Neuropathy	Up to 2 g/kg divided over 5 days in a 28-day cycle
Dermatomyositis/Polymyositis	2 g/kg divided over 2 to 5 days in a 28-day cycle

LIMITATIONS/EXCLUSIONS

1. Any indication other than those listed above due to insufficient evidence of therapeutic value
2. Gammaplex 5% – Patients with hereditary intolerance to fructose, also in infants and neonates for whom sucrose or fructose tolerance has not been established.
3. Octagam 5% - Patients with acute hypersensitivity reaction to corn.
4. Patients who have a history of anaphylactic or severe systemic hypersensitivity reactions to administration of human immune globulin.
5. IgA-deficient patients with antibodies to IgA and a history of hypersensitivity.

CODING

APPLICABLE PROCEDURE CODES AND APPLICABLE NDCS

Drug	Manufacturer	HCPCS	1 Billable Unit Equivalent	IgG (grams) per SDV	NDC

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Asceniv	ADMA Biologics	J1554	500 mg	5	69800-0250-XX
Bivigam	Biotest Pharmaceuticals	J1556	500 mg	5 10	59730-6502-XX 59730-6503-XX
Carimune NF	CSL Behring AG	J1566	500 mg	6 12	44206-0417-XX 44206-0418-XX
Flebogamma 10% DIF Flebogamma 5% DIF	Instituto Grifols, S.A.	J1572	500 mg	5, 10, 20 2.5, 5, 10, 20	61953-0005-XX 61953-0004-XX
Gamunex-C	Grifols Therapeutics	J1561	500 mg	1, 2.5, 5, 10, 20,40	13533-0800-XX
Gammagard Liquid	Baxalta	J1569	500 mg	1, 2.5, 5, 10, 20, 30	00944-2700-XX
Gammagard S/D Less IGA	Baxalta	J1566	500 mg	5 10	00944-2656-XX 00944-2658-XX
Gammaked	Grifols Therapeutics	J1561	500 mg	1, 2.5, 5, 10, 20	76125-0900-XX
Gammaplex 5% Gammaplex 10%	Bio Products Laboratory	J1557	500 mg	5, 10, 20 5, 10, 20	64208-8234-XX 64208-8235-XX
Octagam 10% Octagam 5%	Octapharma USA Inc	J1568	500 mg	2, 5, 10, 20 1, 2.5, 5, 10, 25	68982-0850-XX 68982-0840-XX
Privigen	CSL Behring LLC	J1459	500 mg	5 10 20 40	44206-0436-XX 44206-0437-XX 44206-0438-XX 44206-0439-XX
Panzyga	Octapharma USA Inc	J1599	500mg	1, 2.5, 5, 10, 20, 30	68982-0820-XX
Injection, immune globulin, intravenous, non- lyophilized (e.g., liquid), not otherwise specified	N/A	J1599	500 mg	N/A	N/A

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Applicable Diagnosis Codes – ICD-10	
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
D69.3	Immune thrombocytopenic purpura
D69.41	Evans syndrome
D69.42	Congenital and hereditary thrombocytopenic purpura
D69.49	Other primary thrombocytopenia
D69.59	Other secondary thrombocytopenia
D80.0	Hereditary hypogammaglobulinemia
D80.1	Nonfamilial hypogammaglobulinemia
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
D80.7	Transient hypogammaglobulinemia of infancy
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis
D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D81.6	Major histocompatibility complex class I deficiency
D81.7	Major histocompatibility complex class II deficiency
D81.89	Other combined immunodeficiencies
D81.9	Combined immunodeficiency, unspecified
D82.0	Wiskott-Aldrich syndrome
D82.1	DiGeorge's syndrome
D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells
D83.8	Other common variable immunodeficiencies
D83.9	Common variable immunodeficiency, unspecified
D89.81	Acute graft-versus-host disease
D89.81	Acute on chronic graft-versus-host disease

D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified
G03.8	Meningitis due to other specified causes
G03.9	Meningitis, unspecified
G04.81	Other encephalitis and encephalomyelitis
G04.89	Other myelitis
G04.90	Encephalitis and encephalomyelitis, unspecified
G04.91	Myelitis, unspecified
G56.80	Other specified mononeuropathies of unspecified upper limb
G56.81	Other specified mononeuropathies of right upper limb
G56.82	Other specified mononeuropathies of left upper limb
G56.83	Other specified mononeuropathies of bilateral upper limbs
G56.90	Unspecified mononeuropathy of unspecified upper limb
G56.91	Unspecified mononeuropathy of right upper limb
G56.92	Unspecified mononeuropathy of left upper limb
G56.93	Unspecified mononeuropathy of bilateral upper limbs
G57.80	Other specified mononeuropathies of unspecified lower limb
G57.81	Other specified mononeuropathies of right lower limb
G57.82	Other specified mononeuropathies of left lower limb
G57.83	Other specified mononeuropathies of bilateral lower limbs
G57.90	Unspecified mononeuropathy of unspecified lower limb
G57.91	Unspecified mononeuropathy of right lower limb
G57.92	Unspecified mononeuropathy of left lower limb
G57.93	Unspecified mononeuropathy of bilateral lower limbs
G61.1	Serum neuropathy
G61.81	Chronic inflammatory demyelinating polyneuritis
G61.82	Multifocal motor neuropathy
G61.89	Other inflammatory polyneuropathies
G61.9	Inflammatory polyneuropathy, unspecified
G62.89	Other specified polyneuropathies

G90.09	Other idiopathic peripheral autonomic neuropathy
M33.00	Juvenile dermatomyositis, organ involvement unspecified
M33.01	Juvenile dermatomyositis with respiratory involvement
M33.02	Juvenile dermatomyositis with myopathy
M33.03	Juvenile dermatomyositis without myopathy
M33.09	Juvenile dermatomyositis with other organ involvement
M33.10	Other dermatomyositis, organ involvement unspecified
M33.11	Other dermatomyositis with respiratory involvement
M33.12	Other dermatomyositis with myopathy
M33.13	Other dermatomyositis without myopathy
M33.19	Other dermatomyositis with other organ involvement
M33.20	Polymyositis, organ involvement unspecified
M33.21	Polymyositis with respiratory involvement
M33.22	Polymyositis with myopathy
M33.29	Polymyositis with other organ involvement
M33.90	Dermatopolymyositis, unspecified, organ involvement unspecified
M33.91	Dermatopolymyositis, unspecified with respiratory involvement
M33.92	Dermatopolymyositis, unspecified with myopathy
M33.93	Dermatopolymyositis, unspecified without myopathy
M33.99	Dermatopolymyositis, unspecified with other organ involvement
M36.0	Dermato(poly)myositis in neoplastic disease
P61.0	Transient neonatal thrombocytopenia

EVIDENCE BASED REFERENCES

Asceniv® [package insert]. Boca Raton, FL: ADMA Biologics; April 2019. Accessed January 2020.
Bivigam™ [package insert]. Boca Raton, FL; Biotest Pharmaceuticals; April 2019.
Carimune®NF [package insert]. Berne, Switzerland; CSL Behring AG; November 2016. Accessed August 2018.
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Flebogamma® 5% DIF [package insert]. Barcelona, Spain; Instituto Grifols, S.A.; March 2019
Gammagard Liquid [package insert]. Westlake Village, CA; Baxalta US Inc.; June 2016.
Gammagard S/D Less IgA [package insert]. Westlake Village, CA; Baxalta US Inc.; September2016.
Gamunex®-C [package insert]. Research Triangle, NC; Grifols Therapeutics, Inc.; June 2018.
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Gammaplex® 5% [package insert]. Durham, NC; Bio Products Laboratory Ltd.; December 2018.
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Octagam® 5% [package insert]. Hoboken, NJ; Octapharma USA Inc; November 2018.
Octagam® 10% [package insert]. Hoboken, NJ; Octapharma USA Inc; November 2018.
Privigen® [package insert]. Berne, Switzerland; CSL Behring LLC; March 2019.
Panzyga® [package insert]. Hoboken, NJ; Octapharma USA Inc; January 2019.

POLICY HISTORY

Original Effective Date	November 11, 2021
Revised Date	February 2, 2022 – Annual Review and approval (no policy revisions made) March 1, 2023 – Adopted by MA UM Committee January 1, 2024 - Updated to Brand New Day/Central Health Medicare Plan (no policy revisions made)

Approved by Pharmacy and Therapeutics Committee on 2/2/2022