CRITERIA FOR COVERAGE/NONCOVERAGE

Immune globulin will be considered for coverage under the pharmacy benefit program when the following criteria are met:

**Criteria for Intravenous Administration of Immune Globulin (IVIG)**

- The prescribed immune globulin is being used intravenously (IV)
- The patient does not have contraindications to immune globulin therapy (i.e., IgA deficiency with antibodies to IgA and a history of hypersensitivity or product specific contraindication)
  - For Privigen: patient does not have hyperprolinemia
  - For Octagam: patient does not have an allergy to corn
  - For Gammaplex: patient does not have hereditary intolerance to fructose or in infants for whom sucrose or fructose tolerance has not been established
- IVIG is being prescribed by or in consultation with a physician who has specialized expertise in managing patients on IVIG therapy (e.g., immunologist, hematologist, neurologist, etc.)

**AND**

Immune globulin will be administered at the minimum effective dose and appropriate frequency for the prescribed diagnosis.

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*IVIG = intravenous immunoglobulin; IMIG = intramuscular immunoglobulin; SCIG = subcutaneous immunoglobulin*
AND

- The patient has one of the following FDA-approved or literature supported diagnoses:

**Primary Immunodeficiency (PI)**

- Common variable immunodeficiency (CVID)
- Congenital agammaglobulinemia (X-linked or autosomal recessive)
- Severe combined immunodeficiencies (SCID)
- Wiskott-Aldrich syndrome
- Other primary immunodeficiency
  - The patient has had an immunologic evaluation including IgG levels below the normal laboratory value for the patient’s age at the time of diagnosis
  - The patient lacks an adequate response to protein and polysaccharide antigens (i.e., tetanus toxoid or diphtheria toxoid and pneumovax or HiB vaccine)

**Secondary Acquired Antibody Deficiency**

- B-cell chronic lymphocytic leukemia (CLL) AND
  - The patient has an Ig level < 500 mg/dL OR
  - The patient has a history of recurrent bacterial infections
- HIV infection AND
  - The patient is ≤12 years of age AND
  - The patient has an Ig level < 400 mg/dL OR
  - The patient has active bleeding or a platelet count of < 10 x 10⁹/L
- Multiple myeloma AND
  - The patient’s condition is in plateau phase AND
  - The patient has hypogammaglobulinemia

**Hematological Autoimmune Disorders**

- Acquired (pure) red cell aplasia (PRCA) AND
  - The patient has immunologic PRCA AND
  - The patient has had an inadequate response, intolerance, or contraindication to a corticosteroid and an immunosuppressant (i.e., cyclophosphamide, cyclosporine) OR
  - The patient has viral PRCA caused by parvovirus B19
- Fetal alloimmune thrombocytopenia (FAIT)
- Hemolytic disease of the newborn AND
  - Patient has established hyperbilirubinemia
- Idiopathic thrombocytopenic purpura (ITP) AND
  - The patient has had an inadequate response, intolerance, or contraindication to a corticosteroid OR
  - The patient’s platelet count is less than 30,000 cells/mm³
- Post-transfusion purpura

**Neuromuscular Autoimmune Disorders**

- Chronic inflammatory demyelinating polyneuropathy (CIDP)
- Guillain-Barré syndrome
- Inflammatory myopathies (dermatomyositis and polymyositis) AND
Immune Globulin
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- The patient has had an inadequate response, intolerance, or contraindication to a corticosteroid AND an immunosuppressant (i.e., azathioprine, methotrexate, cyclosporine A, cyclophosphamide, or tacrolimus)
  - Lambert-Eaton myasthenic syndrome AND
    - The patient has had an inadequate response, intolerance, or contraindication to a corticosteroid AND an immunosuppressant (e.g., azathioprine)
  - Multifocal motor neuropathy (MMN)
  - Myasthenia gravis
  - Lambert-Eaton myasthenic syndrome AND
    - The patient has had severe exacerbations or myasthenic crises AND
    - The patient has had an inadequate response, intolerance, or contraindication to a corticosteroid AND an immunosuppressant (i.e., azathioprine, cyclosporine, cyclophosphamide, or mycophenolate mofetil)
  - Stiff person syndrome AND
    - The patient has had an inadequate response, intolerance, or contraindication to ≥ 2 standard therapies (i.e., benzodiazepines, muscle relaxants, or anti-convulsants)

Other Disorders
- Autoimmune blistering disease AND
  - The patient has had an inadequate response, intolerance, or contraindication to a corticosteroid AND an immunosuppressant (i.e., cyclophosphamide, dapsone, methotrexate, azathioprine, or mycophenolate mofetil)
- Kawasaki syndrome
- Solid organ transplant AND
  - IVIG is being used for CMV prophylaxis OR
  - The patient is a kidney transplant recipient AND
    - The patient has donor specific antibodies OR
    - The patient has steroid-resistant rejection AND
    - The patient has had an inadequate response, intolerance, or contraindication to standard therapies

Criteria for Subcutaneous Administration of Immune Globulin (SCIG)
Gammagard® liquid, Gammaked®, Gamunex®-C, Hizentra®, and HyQvia™

- The patient does not have contraindications to immune globulin therapy (i.e., IgA deficiency with antibodies to IgA and a history of hypersensitivity or product specific contraindication)
  - For Hizentra: patient does not have hyperprolinemia

AND
- SCIG is being prescribed by or in consultation with a physician who has specialized expertise in managing patients on SCIG therapy (e.g., immunologist, hematologist, neurologist, etc.)

AND
- Immune globulin will be administered at the minimum effective dose and appropriate frequency for the prescribed diagnosis

AND
- The prescribed immune globulin is being used subcutaneously

AND
- The patient has one of the following FDA-approved or literature supported diagnoses:
Primary Immunodeficiency
- Common variable immunodeficiency (CVID)
- Congenital agammaglobulinemia (X-linked or autosomal recessive)
- Severe combined immunodeficiencies (SCID)
- Wiskott-Aldrich syndrome
- Other primary immunodeficiency
  - The patient has had an immunologic evaluation including IgG levels below the normal laboratory value for the patient’s age at the time of diagnosis
  - The patient lacks an adequate response to protein and polysaccharide antigens (i.e., tetanus toxoid or diphtheria toxoid and pneumovax or HiB vaccine)

Criteria for Cytogam
- The patient does not have any contraindications to immune globulin therapy (i.e., IgA deficiency with antibodies to IgA and a history of hypersensitivity or product specific contraindication)
- The patient requires prophylaxis for CMV infection following kidney transplantation AND
  - The patient is CMV-seronegative and organ donor is CMV-seropositive
- OR
  - The patient requires prophylaxis for CMV infection following liver, heart, lung, or pancreas transplantation
    - The patient is CMV-seronegative and organ donor is CMV-seropositive AND
    - The patient will receive concomitant therapy with ganciclovir or valganciclovir unless patient has a hypersensitivity to; patient is intolerant of; or therapy is deemed inappropriate

Criteria for Gamastan S/D
- The prescribed immune globulin is being used intramuscularly
- The patient does not have any contraindications to immune globulin therapy (i.e., IgA deficiency with antibodies to IgA and a history of hypersensitivity or product specific contraindication)
- Immune globulin will be administered at the minimum effective dose and appropriate frequency for the prescribed diagnosis
- The patient requires immunization for hepatitis A, measles, rubella, or varicella

Criteria for Varizig
- Prescribed immune globulin is being used intramuscularly
- The patient does not have any contraindications to immune globulin therapy (i.e., IgA deficiency with antibodies to IgA and a history of hypersensitivity or product specific contraindication)
- The immune globulin is being used for passive immunization or post exposure-prophylaxis of varicella AND
  - The patient is considered a high risk individual (i.e., immune compromised, pregnant woman, newborn of mother with varicella, premature infant, and infant less than 1 year old)
Initial and Renewal Authorization:
When the above criteria are met, authorization for use will be granted for the specified time periods below:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Initial</th>
<th>Renewal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquired (pure) red cell aplasia</td>
<td>2 months</td>
<td>N/A</td>
</tr>
<tr>
<td>Autoimmune bullous disease*</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td>B-cell chronic lymphocytic leukemia (CLL)</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td>Chronic inflammatory demyelinating polyneuropathy (CIDP)</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td>Fetal alloimmune thrombocytopenia (FAIT)</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td>Guillain-Barré syndrome</td>
<td>2 months</td>
<td>N/A</td>
</tr>
<tr>
<td>Hemolytic disease of the newborn</td>
<td>2 months</td>
<td>N/A</td>
</tr>
<tr>
<td>HIV- Infection prophylaxis in children</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td>HIV-associated thrombocytopenia</td>
<td>2 months</td>
<td>N/A</td>
</tr>
<tr>
<td>Idiopathic thrombocytopenic purpura (ITP)</td>
<td>2 months</td>
<td>N/A</td>
</tr>
<tr>
<td>Inflammatory myopathies (dermatomyositis, polymyositis)</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td>Kawasaki syndrome</td>
<td>2 months</td>
<td>N/A</td>
</tr>
<tr>
<td>Lambert-Eaton myasthenic syndrome</td>
<td>2 months</td>
<td>N/A</td>
</tr>
<tr>
<td>Multifocal motor neuropathy (MMN)</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td>Multiple myeloma</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td>Myasthenia gravis</td>
<td>2 months</td>
<td>N/A</td>
</tr>
<tr>
<td>Post-exposure prophylaxis for hepatitis A, measles, rubella, or varicella</td>
<td>One dose</td>
<td>N/A</td>
</tr>
<tr>
<td>Post-exposure prophylaxis for varicella</td>
<td>One dose</td>
<td>N/A</td>
</tr>
<tr>
<td>Post-transfusion purpura</td>
<td>2 months</td>
<td>N/A</td>
</tr>
<tr>
<td>Primary immunodeficiency**</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td>Solid organ transplant - CMV prophylaxis</td>
<td>16 weeks</td>
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</tr>
<tr>
<td>Solid organ transplant – HLA desensitization [donor specific antibodies]</td>
<td>4 months</td>
<td>N/A</td>
</tr>
<tr>
<td>Solid organ transplant – Steroid resistant rejection</td>
<td>2 months</td>
<td>N/A</td>
</tr>
<tr>
<td>Stiff person syndrome</td>
<td>12 months</td>
<td>12 months</td>
</tr>
</tbody>
</table>

*Includes pemphigus, and epidermolysis bullosa acquisita. **Includes common variable immunodeficiency (CVID), congenital agammaglobulinemia (X-linked and autosomal recessive), severe combined immunodeficiencies (SCID), and Wiskott-Aldrich syndrome.

Reauthorization Criteria and Duration:
Authorization for continued use shall be reviewed at least every 12 months when the following criteria are met:

- The patient has experienced an objective improvement on immune globulin therapy
  AND
- Immune globulin will be administered at the minimum effective dose (by decreasing the dose, increasing the frequency, or implementing both strategies) for maintenance therapy

Immune globulin is considered experimental/investigational for conditions not listed in this coverage policy section.