



Origination Date: 04/08	Revision Date(s): 04/09
Developed By: Medical Criteria Committee	

- L. Maternal-fetal transmission of HIV in women who are in their third trimester of pregnancy and are using antiretroviral therapies; or
  - M. Multiple myeloma; or
  - N. Primary humoral immunodeficiency diseases: X-linked agammaglobulinemia, hypogammaglobulinemia, common variable immunodeficiency, severe combined immunodeficiency; or
  - O. Hemolytic disease to the newborn; or
  - P. B-cell chronic lymphocytic leukemia (CLL): for persons with hypogammaglobulinemia associated with CLL and recurrent infections; or
  - Q. Moersch-Woltmann Syndrome (stiff person syndrome); or
  - R. Lambert-Eaton myasthenic syndrome; or
  - S. Post-transfusion purpura (1 or 2 treatments within 2 weeks); or
  - T. Neonatal sepsis; or
  - U. Staphylococcal or streptococcal toxic shock syndrome; or
  - V. Toxic epidermal necrolysis and Steven-Johnson syndrome; or
  - W. Systemic lupus erythematosus (SLE), persons with severe SLE or for whom other interventions have been unsuccessful or contraindicated; or
  - X. Refractory autoimmune hemolytic anemia; or
  - Y. Chronic Parvovirus B19 infection with severe anemia; or
  - Z. Relapsing-remitting multiple sclerosis when standard therapy (i.e. interferons) have failed, become intolerable or are contraindicated; or
  - AA. Secondary immunosuppression associated with major surgery (i.e. cardiac transplant) and certain diseases including hematologic malignancies, extensive burns or collagen-vascular diseases; or
  - BB. Solid organ transplant (up to 4 doses pre-transplant, then 1 dose weekly for 4 weeks post-transplant); or
  - CC. Stem cell or bone marrow transplantation: IVIG is indicated for markedly hypogammaglobulinemic bone marrow or stem cell transplant recipients with severe infections. IVIG is also indicated for steroid-resistant graft-versus-host disease in bone marrow transplant recipients 20 year of age or older, in the first 100 days post transplant, and who are hypogammaglobulinemic.
- II. Requests for IVIG treatment of other clinical conditions not listed above may be reviewed on a case-by-case basis.

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**Authorization Guidelines:**

- I. Unless noted above, IVIG is typically administered monthly. Requests for more frequent dosing will be reviewed on a case-by-case basis. Authorization will be given for up to a 6 month period. Documentation of initial response to IVIG and evidence of clinical improvement will be required for additional doses beyond the initial authorization.
- II. ODS considers subcutaneously administered immunoglobulins as a medically necessary alternative to IVIG when the above criteria is met and the patient has shown an intolerance to, adverse effects from or poor venous access for intravenous immune globulin.

**Information to be Submitted with Pre-Authorization Request:**

- Medical records from the ordering/treating physician documenting patient's condition, therapy tried, and treatment plan.

**Applicable CPT/HCPC:**

**Note: this list may not be all inclusive**

<b>90281</b>	Immune globulin (Ig), human, for intramuscular use
<b>90283</b>	Immune globulin (IgIV), human, for intravenous use
<b>90284</b>	Immune globulin (SCIg), human for use in subcutaneous infusions, 100mg, each
<b>90399</b>	Unlisted immune globulin
<b>J1459</b>	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g. liquid) 500mg
<b>J1561</b>	Injection, immune globulin, (Gamunex), intravenous, nonlyophilized (e.g. liquid), 500 mg
<b>J1562</b>	Injection, immune globulin (Vivaglobin), 100mg
<b>J1566</b>	Injection, immune globulin, intravenous, lyophilized (e.g. powder), not otherwise specified, 500mg
<b>J1568</b>	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g. liquid), 500mg
<b>J1569</b>	Injection, immune globulin, (Gammagard liquid), intravenous, nonlyophilized (e.g. liquid), 500 mg
<b>J1572</b>	Injection, immune globulin (Flebogamma/Flebogamma Dif), intravenous nonlyophilized (e.g. liquid), 500 mg

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