COVERAGE:

**IMMUNODEFICIENT DISORDERS:**

The use of Intravenous Immunoglobulin MAY BE ELIGIBLE FOR COVERAGE. Documentation of disease progression and failed conservative therapy must accompany the request. Immunodeficient disorders eligible for coverage include:

- Premature infants at risk for group B streptococcus infection;

- Bone marrow and organ transplant recipients (except corneal), at risk for cytomegalovirus (CMV) and pneumonia due to immunosuppressant agents;

- Chronic lymphocytic leukemia, a leukemia associated with hyperplasia and over-activity of lymphoid tissue. **(CAUTION – this is not the same as acute lymphoblastic leukemia. Refer to the listing of conditions, which are considered investigational.);**

- Children, under the age of 16, with acquired immunodeficiency syndrome (AIDS);

- Adults with human immunodeficiency virus (HIV) who are immunosuppressed in association with AIDS or AIDS related complex (ARC);

- Malignancies of various types, especially leukemic illnesses that are vulnerable to recurrent infections secondary to an immunosuppressed system, such as –

  - patients with hypogammaglobulinemia of less than 0.6 gm/dl and having two documented serious infections in one year that required hospitalization, may need monthly IVIG therapy;

  - patients with multiple myeloma with stable plateau phase disease who are at high risk of recurrent infections. **(CAUTION – this is not the same as multiple myeloma in any other phase. Refer to the listing of conditions, which are considered investigational.);**

- Post transfusion purpura (severe);

- Congenital diseases that do not produce sufficient amounts of IgG antibodies, such as –

  - children with hypogammaglobulinemia, having more than five infections per year (ear, sinuses, or lungs) who do not demonstrate improvement on antibiotics and/or suppressive antibiotics;
• high risk hypogammaglobulinemic neonates; and,

• adults with agammaglobulinemia (Bruton’s X-linked) who have been diagnosed with chronic infections and have not demonstrated improvement on antibiotics and/or suppressive antibiotics;

- Adult patients with deficient gamma globulin (not congenital) –

  • Common variable hypogammaglobulinemia with low, absolute levels of gamma globulin,

  • Deficient antibody synthesis with a normal gross level of antibody, but who fail to make good responses when challenged by vaccines, and

  • Subclass-deficient, having failed to make satisfactory specific responses when challenged by vaccines.

NOTE: These patients shall have documentation of the following:

• a history of chronic sinus or chest infections that respond poorly to multiple courses of antibiotic treatment or prophylaxis;

• an allergy evaluation that is negative, or failure of standard allergy therapy to bring about a reduction in the number of infections in those patients with positive allergy evaluations; and,

• an ear, nose and throat evaluation that fails to reveal structural abnormalities amenable to surgery; or continued, frequent or chronic infections following surgical correction.

AUTOIMMUNE DISORDERS:

The use of Intravenous Immunoglobulin MAY BE ELIGIBLE FOR COVERAGE. Documentation of laboratory monitoring must accompany the request. Autoimmune disorders eligible for coverage include:

• Kawasaki syndrome, usually occurring in infants and children, less than 5 years of age;

• Guillain-Barre syndrome; patients with acute symptoms and who are unable to walk have shown improvement following a short course (average length of 30 days) of Ig treatment (IVIG is given as an equivalent alternative to plasma exchange in children and adults.) (CAUTION - this is not the same as chronic fatigue syndrome. Refer to the listing of conditions, which are considered investigational.);

• Chronic inflammatory demyelinating polyneuropathy; a destruction of the myelin sheath (covering) of nerves (IVIG acts as an equivalent alternative to plasma exchange in children and adults.);

• Myasthenia gravis (MG): a disease caused by an autoimmune attack on receptors in neuromuscular junctions causing episodic muscle
weakness (IVIG is considered in patients with severe MG to treat acute severe decompensation when other treatments have been unsuccessful or are contraindicated.);

- Autoimmune neutropenia: the reduction of the number of certain white blood cells (IVIG may have a role in preventing a severe illness that does not respond to other modalities or when the later are contraindicated.);

- Autoimmune hemolytic anemia (AIHA): a large grouping of anemias involving antibodies working against red blood cell antigens (IVIG may have a role in treating patients with warm-type AIHA that does not respond to corticosteroids.);

- Systemic lupus erythematosus (SLE), vasculitis syndromes, polymyositis and dermatomyositis: characterized by inflammatory and degenerative changes in the muscle and frequently in the skin, leading to weakness and some muscle atrophy (IVIG may be used in patients with severe active illness for whom other interventions have been unsuccessful or intolerable.);

- Idiopathic thrombocytopenic purpura (ITP): when steroids are either ineffective or contraindicated and a rapid rise in the platelet count is needed either preoperatively or to control bleeding;

- Neonatal alloimmune thrombocytopenia, severe: when other interventions have failed or are contraindicated. (CAUTION - this is not the same as non-immune thrombocytopenia. Refer to the listing of conditions, which are considered investigational.); and,

- Multiple Sclerosis (MS), relapsing-remitting type only: treatment appears to reduce the occurrence of acute relapse and equally comparable to conventional therapy (interferon-beta). (Treatment of MS with IVIG does not guarantee improvement of baseline neurologic disability or prevent the development of secondary-progressive disease or disability from a relapsing-remitting course) (CAUTION - this is not the same as chronic- [primary- or secondary-] progressive multiple sclerosis. Refer to the listing of conditions, which are considered investigational.)

The use of Intravenous Immunoglobulin IS NOT ELIGIBLE FOR COVERAGE as it is considered INVESTIGATIONAL for the following conditions:

- hemolytic transfusion reaction (except post-transfusion purpura);
- factor VIII inhibitors, acquired;
- aplastic anemia;
- Diamond-Blackfan anemia;
- hemophagocytic syndrome;
- neonatal hemolytic disease;
- acquired von Willebrand’s syndrome;
- thrombotic thrombocytopenic purpura;
- nonimmune thrombocytopenia;
- hemolytic uremic syndrome;
- burns;
- recurrent, spontaneous fetal loss;
- refractory rheumatoid arthritis, adult and juvenile;
- asthma and inflammatory chest disease;
- amyotrophic lateral sclerosis (ALS or Lou Gehrig disease);
- antiphospholipid Ab syndrome;
- inclusion-body myositis;
- motor neuron syndromes;
- myelopathy, HTLV-1 associated;
- progressive lumbosacral plexopathy;
- paraproteinemic neuropathy;
- adrenoleukodystrophy;
- Behcet’s syndrome;
- chronic fatigue syndrome;
- cystic fibrosis;
- diabetes mellitus;
- endotoxemia;
- congenital heart block;
- membranous nephropathy;
- nephrotic syndrome;
- chronic- (primary- or secondary-)progressive multiple sclerosis;
- recurrent otitis media;
- euthyroid ophthalmopathy;
- multiple myeloma;
- uveitis;
- acute renal failure;
- "silicone induced autoimmune disease";
- acute lymphoblastic leukemia; and,
- acquired Factor VIII inhibition.

**DESCRIPTION:**

Immune Globulin is an antibody-containing solution obtained from the pooled plasma of healthy blood donors.

Intravenous Immune Globulin (IVIG) Therapy is used to provide immediate antibody levels, as an effective replacement therapy. IVIG furnishes passive immunization for protection from infection due to immunodeficient disorders.

Immunodeficient disorders are a group of diverse conditions caused by one or more immune system defects resulting in increased susceptibility to infections followed by severe, acute, recurrent, and chronic illnesses. Immunodeficiencies can be primary or secondary, acquired or congenital. High doses of IVIG have been beneficial to some antibody deficient patients not responding well to conventional doses.

Autoimmune disorders are conditions in which the immune system produces "auto-antibodies" to an antigen within the body, resulting in injury to the body’s tissues. The mode of action in autoimmune disorders may be the blocking of abnormal antibody formation.

**RATIONALE:**

Aside from the labeled indications, guidelines are adopted in this policy for off-label uses of standard IVIG as developed by the:
• National Institutes of Health Consensus Development Conference on "IVIG Prevention and Treatment of Disease" and

• University Hospital Consortium Expert Panel Consensus Process for "Off-Label Use of Polyvalent Intravenously Administered Immunoglobulin Preparations."

DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general policies and procedures.

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