**IVIG (immune globulin)**

**Plan Limitations:**
- Applies to all Blue Shield of California Medicare Part D plans

**Diagnoses Considered for Coverage:**
- All medically accepted indications not otherwise excluded from Part D.

**Coverage Criteria:**

***Excluded from Part D if meets coverage criteria under Part B***

1) **Chronic Inflammatory Demyelinating Polyneuropathy (CIDP), Multifocal Motor Neuropathy, Multifocal Acquired Demyelinating Polyneuropathy, or Pure Sensory Chronic Inflammatory Demyelinating Polyneuropathy (CIDP):**
   - **Initial authorization:**
   - Diagnosed by a Neurologist, AND
   - Diagnosis confirmed by electrodiagnostic criterion, AND
   - Patient meets two of the following:
     - Motor or sensory dysfunction of more than one limb developing over two months
     - Arflexia
     - Nerve biopsy showing unequivocal evidence of demyelination and remyelination
     - CSF cell count is less than 10 cells/mm³ (if HIV positive then CSF count less than 50 cells/mm³)

2) **Idiopathic Thrombocytopenic Purpura (ITP):**
   - **Initial authorization:**
   - Platelet count is less than 50,000 cells/mm³, AND
   - Total dose does not exceed 2000mg/kg given over 2 to 5 days.

3) **Multiple Sclerosis:**
   - **Initial authorization:**
   - Diagnosis of relapsing-remitting Multiple Sclerosis, AND
   - Treatment failure, intolerance, or contraindication with two of the following: Rebif, Avonex, Betaseron, Copaxone, Tysabri, or Novantrone.

4) **Myasthenia Gravis**
   - **Initial authorization:**
   - Diagnosis of acute myasthenic crisis with decompensation, AND
   - Treatment failure, intolerance, or contraindication to one of the following: corticosteroid, mycophenolate, azathioprine, cyclosporine, or cyclophosphamide, AND
   - Total dose does not exceed 2000mg/kg given over 5 days.

5) **For Primary Immunodeficiency Disorder (PIDD):**
   - **Initial authorization:**
- Dose does not exceed 800mg/kg given once every 3 weeks, AND
- One of the following:
  - Current IgG is less than 200mg/dl, OR
  - History of IgG is less than 500mg/dl (or below normal as defined by the testing laboratory) documented on two occasions with recurrent bacterial infections, and inability to respond with IgG antibody production after antigenic challenge against diphtheria and tetanus toxoids or pneumococcal polysaccharide vaccine.

**Coverage Duration:**
- CIPD: 5 days
- ITP: 5 days
- MS, PIDD: annual
- Myasthenia Gravis: 5 days
- Renal Transplant Rejection: 28 days
- Hep A, Measles, Varicella: 1 day

Updated 01/2017