



January 28, 2003

Effective January 31, 2002, Florida Medicaid Prescribed Drug Services requires prior authorization for all Intravenous Immune Globulin claims. The covered indications are listed below and they are the same requirements presently used by Medicare. Prior Authorization requests are obtained from Magellan Medicaid Administration's Therapeutic Consultation Program Help Desk at (877) 553-7481. Follow these links: All requests must be made on the [Pharmacy Miscellaneous Prior Authorization Request Form](#).

Intravenous Immune Globulin (IVIG) is a solution of human immunoglobulins specifically prepared for intravenous infusion. Immunoglobulin contains a broad range of antibodies that specifically act against bacterial and viral antigens.

Florida Medicaid will cover IVIG for the following conditions based on specified requirements:

A) Immunodeficiency Disorders

- Primary Humoral Immunodeficiency Syndromes
 - ♦ CVID (Common Variable Immunodeficiency)
 - ♦ X-linked Agammaglobulinemia
 - ♦ SCID (Severe Combined Immunodeficiency)
 - ♦ IgM (X-linked Immunodeficiency with Hyperimmunoglobulin)
 - ♦ Wiskott-Aldrich Syndrome
- Idiopathic Thrombocytopenic Purpura (ITP)
- Pediatric Human Immunodeficiency Virus (HIV) Infection

B) Neurological Disorders

- Guillian-Barre' Syndrome
- Relapsing-Remitting Multiple Sclerosis
- Chronic Inflammatory Demyelinating Polyneuropathy
- Myasthenia Gravis
- Polymyositis and Dermatomyositis

C) Other Disorders

- Chronic Lymphocytic Leukemia
- Bone Marrow Transplantation (BMT)
- Kawasaki Disease (Mucocutaneous Lymph Node Syndrome)
- Autoimmune Hemolytic Anemia
- Autoimmune Neutropenia

Disorder	Requirement	Length of Approval
Autoimmune Hemolytic Anemia	<ol style="list-style-type: none"> 1. Failure to respond to steroid therapy or splenectomy; or 2. Require rapid cessation of hemolysis due to severe or life threatening manifestations. 	5 Weeks
Autoimmune Neutropenia	<ol style="list-style-type: none"> 1. Absolute neutrophil count less than 800/mm³; and 2. Recurrent bacterial infections 	6 Months
Bone Marrow Transplantation	<ol style="list-style-type: none"> 1. Patient 20 years old or older, and 2. Not autologous transplant; and 3. Within first 100 days after transplantation. 	1 Year
Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) – follow the link above to the form.	Unequivocal diagnosis based on clinical history and data from at least one of the following: <ol style="list-style-type: none"> 1. Electrophysiological motor-sensory conduction 2. Electromyography (EMG) 3. Cerebrospinal Fluid (CSF) 4. Muscle biopsy 	3 Months
Chronic Lymphocytic Leukemia	<ol style="list-style-type: none"> 1. Medical documentation of diagnosis; no lab test required. 	1 Year
Common Variable Immunodeficiency (CVID)	<ol style="list-style-type: none"> 1. Laboratory report demonstrating a normal to low IgG level for assay utilized; and 2. Radiological or Computerized Tomography (CT) reports demonstrating severe recurrent and/or chronic sinopulmonary infections such as bronchitis, pneumonia, or bronchiectasis; and 3. Laboratory report demonstrating a lack of ability to produce an antibody response to protein or carbohydrate antigens (e.g., Tetanus, pneumococcal capsular polysaccharides such as pneumovax). 	1 Year
Guillain-Barre' Syndrome	Unequivocal diagnosis based on clinical history and data from at least one of the following: <ol style="list-style-type: none"> 1. Electrophysiological motor-sensory conduction 2. Electromyography (EMG) 3. Cerebrospinal Fluid (CSF) 4. Muscle biopsy 	5 Days
Idiopathic Thrombocytopenic Purpura	<ol style="list-style-type: none"> 1. Preoperatively for patients undergoing elective splenectomy with platelet counts < 20,000. 2. Patients with platelet counts < 30,000 who have active bleeding. 3. Pregnant women with platelet counts < 10,000 in the third trimester. 4. Pregnant women with platelet counts 10,000 – 30,000 who are bleeding. 	5 Days

Disorder	Requirement	Length of Approval
Kawasaki Disease (Mucocutaneous Lymph Node Syndrome)	Fever of at least 5 days in duration and at least 4 of the following: 1. Polymorphic exanthema 2. Changes in the oropharynx such as fissured lips and strawberry tongue without discrete lesions. 3. Changes in the extremities such as edema of the hands and feet and erythema of the palms and soles. 4. Bilateral conjunctival infection with exudates. 5. Cervical lymphadenopathy 6. Must be on concurrent aspirin therapy.	1 Year
Myasthenia Gravis	1. Positive Tensilon test; and 2. Either refractory to corticosteroids over a 6 week period: have been unable to taper corticosteroids below moderately high doses; or develop severe side effects due to steroid therapy; and have also failed at least one immunosuppressive agent.	1 Year
Pediatric Human Immunodeficiency Virus (HIV) Infection	1. Less than 13 years of age; and 2. CD-4 lymphocyte count of greater than or equal to 200/mm ³ ; and 3. Laboratory report showing an IgG level that is below the normal age related range for the assay utilized; and 4. Laboratory report demonstrating a lack of ability to produce an antibody.	1 Year
Polymyositis and Dermatomyositis	1. Elevated creatine phosphokinase (CPK) and an abnormal electromyography (EMG) or abnormal muscle biopsy; and 2. Either refractory to corticosteroids over a 6 week period: have been unable to taper corticosteroids below moderately high doses; or develop severe side effects due to steroid therapy; and have also failed at least one immunosuppressive agent.	1 Year
Relapsing-Remitting Multiple Sclerosis	Unequivocal diagnosis based on clinical history and data from at least one of the following: 1. Electrophysiological motor-sensory conduction 2. Electromyography (EMG) 3. Cerebrospinal Fluid (CSF) 4. Muscle biopsy	1 Year
Severe Combined Immunodeficiency (SCID)	1. Lymphocyte levels are significantly low. 2. Lymphocyte response to mitogen is absent or below normal. 3. Quantitative measurements of IgG, IgA, and IgM show marked deficits.	1 Year
Wiskott-Aldrich Syndrome	1. Medical documentation of diagnosis; no lab test required.	1 Year

Disorder	Requirement	Length of Approval
X-Linked Agammaglobulinemia	<ol style="list-style-type: none"> 1. Quantitative immunoglobulins show marked deficits or absence of all 5 Immunoglobulin classes. 2. Peripheral B Lymphocytes low or absent. 	1 Year
X-Linked Immunodeficiency with Hyperimmunoglobulin M (IgM)	<ol style="list-style-type: none"> 1. IgG, IgA, and IgE are low and IgM is either normal or elevated and polyclonal. 	1 Year