

For **reauthorization**:

1. Chart notes must show documentation of improvement of signs and symptoms of disease (i.e., blistering or corticosteroid dose reduction); AND
2. Documentation of titration to the minimum dose and frequency needed to maintain a sustained clinical effect.

If all the above requirements are met, the medication will be approved for an additional 12 months.

Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

For **initial** authorization:

1. Medication must be prescribed by or in consultation with a neurologist; AND
2. Member has a documented diagnosis of CIDP confirmed by electrodiagnostic studies (motor and sensory nerve conduction studies); AND
3. Symptoms of motor weakness and/or sensory disturbances have been present for at least 2 months; AND
4. Member has impairment of activities of daily living due to disabling symptoms; AND
5. Member must meet at least one of the following:

Fetal/Neonatal Alloimmune Thrombocytopenia (F/NAIT)

- increase in platelets is required*; AND
- iii) Corticosteroid therapy is contraindicated or has failed to increase platelet count.
2. Chronic/persistent ITP (≥ 3 months from diagnosis):
- a) Platelet count < 30,000/mcL; OR
 - b) Platelet count < 50,000/mcL and significant bleeding symptoms, high risk for bleeding* ,

Parvovirus B19-Induced Pure Red Cell Aplasia (PRCA)

For **initial** authorization:

1. Medication is prescribed by or in consultation with a hematologist or infectious disease specialist;
AND
2. Member is immunocompromised (e.g., HIV, cancer, transplant); AND
3. Member has severe anemia as evidenced by hemoglobin lab results (i.e., less than 8.0 g/dL); AND
4. Member has tested positive for parvovirus B19 (e.g., by PCR or bone marrow exam)

3. Dosage allowed/Quantity limit: See dosage and administration information in individual drug package insert. Note: Gammagard Liquid, Gamunex-C, and Gammaked may be administered intravenously or subcutaneously for primary immunodeficiency.

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:

1. An absence or reduction in the frequency of bacterial infections has been demonstrated since initiation of IG; AND
2. IgG trough levels are being monitored.

If all the above requirements are met, the medication will be approved for an additional 12 months.

Stiff-Person Syndrome

For **initial** authorization:

1. Medication is prescribed by or in consultation with a neurologist; AND
2. Member has a diagnosis of stiff-person syndrome; AND
3. Member has anti-glutamic acid decarboxylase (GAD) antibodies; AND
4. Member has tried and failed both of the following first-line treatments (monotherapy or in combination) for an adequate dose and duration, unless contraindicated or not tolerated:
 - a) Benzodiazepine (e.g., diazepam, clonazepam)
 - b) Baclofen (An anticonvulsant is an acc

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:

1. Chart notes must show improvement of signs and symptoms of disease (ex. reduction in the frequency of bacterial infections or increased IgG)

If all the above requirements are met, the medication will be approved for an additional 6 months.

Prophylaxis of Bacterial Infections in BMT/HSCT Recipients

For **initial** authorization:

1. Member is an allogenic BMT/HSCT recipient; AND
2. IVIG is prescribed for prophylaxis of bacterial infections; AND
- 3.

4. Medication is being used for treatment of antibody-mediated acute humora

APPENDICES

Appendix A: Examples of Risk Factors for Bleeding (not all inclusive)

- Undergoing a medical or dental procedure where blood loss is anticipated
- Comorbidities that predispose the patient to bleeding
- Mandated anticoagulation therapy
- Profession or lifestyle predisposes patient to trauma (e.g., construction worker, fireman, professional athlete)
- Age >60 years

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