



Payer Denials and Appeals Resource

To Support Patients' Access to Takeda
Immune Globulin Therapies





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Common Denial
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Introduction







The purpose of this resource is to equip healthcare providers (HCPs), institutions, specialty pharmacy providers (SPPs), and home infusion pharmacies with information to help respond to denials for immune globulin (IG) coverage. This resource includes brief explanations of some common reasons for coverage denial, a checklist for information to include when appealing specific denials, and specific references to support treatment with a Takeda IG product. The information included in this resource is meant to help navigate the appeals process for access to the Takeda IG portfolio. Please note that third-party payment for medical products and services is affected by numerous factors, and Takeda cannot promise success in obtaining insurance payments for IG therapies.

Not all Takeda therapies are indicated for all mentioned disease states.



Takeda IG Products

INDICATIONS¹⁻⁴

 Cuvitru (Immune Globulin Subcutaneous (Human)) 20%	CUVITRU, GAMMAGARD LIQUID, and GAMMAGARD S/D are indicated as replacement therapy for primary humoral immunodeficiency (PI) in adult and pediatric patients ≥2 years.
 HyQvia (Immune Globulin Infusion 10% (Human) with Recombinant Human Hyaluronidase)	HYQVIA is indicated for the treatment of primary immunodeficiency (PI) in adults and pediatric patients two years of age and older and for chronic inflammatory demyelinating polyneuropathy (CIDP) as maintenance therapy to prevent relapse of neuromuscular disability and impairment in adults.
 GAMMAGARD LIQUID (Immune Globulin Infusion (Human)) 10%	GAMMAGARD LIQUID is also indicated as a maintenance therapy to improve muscle strength and disability in adult patients with Multifocal Motor Neuropathy (MMN).
 GAMMAGARD S/D (Immune Globulin Intravenous (Human)) IgA less than 1 µg/mL in a 5% solution	GAMMAGARD S/D is also indicated for the prevention of bacterial infections in hypogammaglobulinemia and/or recurrent bacterial infections associated with B-cell chronic lymphocytic leukemia (CLL), prevention and/or control of bleeding in adult chronic idiopathic thrombocytopenic purpura (ITP) patients, and prevention of coronary artery aneurysms associated with Kawasaki syndrome in pediatric patients.
	CUVITRU and HYQVIA are for subcutaneous use only.
	GAMMAGARD LIQUID is for intravenous and subcutaneous use.
	GAMMAGARD S/D is for intravenous use only.

IMPORTANT SAFETY INFORMATION

WARNING: THROMBOSIS

CUVITRU, HYQVIA, GAMMAGARD LIQUID, and GAMMAGARD S/D

- Thrombosis may occur with immune globulin (IG) products, including CUVITRU, HYQVIA, GAMMAGARD LIQUID, and GAMMAGARD S/D. Risk factors may include advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors. Thrombosis may occur in the absence of known risk factors.
- For patients at risk of thrombosis, administer CUVITRU, HYQVIA, GAMMAGARD LIQUID, and GAMMAGARD S/D at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration.
- Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk of hyperviscosity.

WARNING: RENAL DYSFUNCTION and ACUTE RENAL FAILURE

GAMMAGARD LIQUID and GAMMAGARD S/D

- Renal dysfunction, acute renal failure, osmotic nephrosis, and death may occur in predisposed patients with immune globulin intravenous (IGIV) products, including GAMMAGARD LIQUID and GAMMAGARD S/D. Patients predisposed to renal dysfunction include those with any degree of pre-existing renal insufficiency, diabetes mellitus, age greater than 65, volume depletion, sepsis, paraproteinemia, or patients receiving known nephrotoxic drugs. Renal dysfunction and acute renal failure occur more commonly in patients receiving IGIV products containing sucrose. GAMMAGARD LIQUID and GAMMAGARD S/D do not contain sucrose.



Please see additional Important Safety Information on pages 35-38 and click for Full Prescribing Information for CUVITRU, HYQVIA, GAMMAGARD LIQUID, and GAMMAGARD S/D.

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Prior Authorization (PA)



PA is a **management tool** that requires the prescribing physician to justify the clinical need and therapeutic rationale for the prescribed medication before the health plan will process the prescription or reimburse the claim.⁵

There are a number of reasons why a drug may require a PA.

LEARN MORE



When a PA is required, the prescribing physician may submit the PA directly to the payer, or the pharmacy may complete the PA on behalf of the prescriber before the plan will cover the medication.



Prior Authorization (PA) (Continued)



Reasons why a drug would require a PA:

1. A need for additional clinical patient information to determine if coverage is appropriate⁵
2. Prevention of drug misuse or inappropriate use⁵
3. Administration of step therapy⁵
[More information](#)
4. Administration of quantity limits or management rules⁵
5. Exception process for a closed formulary⁵
[More information](#)



When a PA is required, the prescribing physician may submit the PA directly to the payer, or the pharmacy may complete the PA on behalf of the prescriber before the plan will cover the medication.





Prior Authorization (PA)

(Continued)

PA criteria vary from plan to plan; however, the following criteria are commonly found across top payer types and may be required for IG therapy. These criteria should be considered when drafting a PA request form:

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FOR PATIENTS WITH PRIMARY
IMMUNODEFICIENCY (PI)^{6,7}

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FOR PATIENTS WITH
MULTIFOCAL MOTOR
NEUROPATHY (MMN)^{6,7}

LEARN MORE



FOR PATIENTS WITH CHRONIC
INFLAMMATORY DEMYELINATING
POLYNEUROPATHY (CIDP)^{6,7}

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DOWNLOAD PA REQUEST FORM CHECKLIST

DOWNLOAD PA APPEALS LETTER CHECKLIST





Prior Authorization (PA) (Continued)

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FOR PATIENTS WITH PRIMARY IMMUNODEFICIENCY (PI)^{6,7}



Disease History



- Clinical diagnosis of PI
- Patient's medical records, including a history of infections and antibiotics
- ICD-10 codes
- Laboratory results
 - CBC with differential
 - Total IG levels (IgG, IgM, IgA)
 - Pre- and postvaccination titers
 - Genetic testing confirming the diagnosis

Treatment History



- Previous therapies and response
- Hospitalizations due to infection

Other



- Physician specialty (i.e., allergist/immunologist)
- Physician's case notes
 - Family history of PI
 - Control of underlying conditions

Clinical Guidance



- Laboratory evidence of IG deficiency
 - IgG <200 mg/dL
- Laboratory evidence of the inability to mount an adequate response to inciting antigens
- Patient history of multiple hard-to-treat infections, which may be indicated by at least 1 of the following:
 - 4 or more ear infections within 1 year
 - 2 or more serious sinus infections within 1 year
 - 2 or more months of antibiotics with little effect
 - 2 or more pneumonias within 1 year
 - Recurrent or deep skin abscesses
 - Need for IV antibiotics to clear infections
 - 2 or more deep-seated infections, including septicemia

CBC=complete blood count; ICD-10=International Classification of Diseases, Tenth Revision; IG=immune globulin; IgA=immunoglobulin A; IgG=immunoglobulin G; IgM=immunoglobulin M; IV=intravenous.





Prior Authorization (PA)
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FOR PATIENTS WITH MULTIFOCAL MOTOR NEUROPATHY (MMN)^{6,7}



Disease History



- Clinical diagnosis of MMN
- Patient medical records, including any clinical signs and symptoms associated with MMN
- ICD-10 codes
- Laboratory results
 - Anti-GM1 antibodies
 - Electromyography
 - Nerve conduction study
- MRI results

Treatment History



- Previous therapies and response
- Hospitalizations due to MMN or any associated clinical symptoms due to MMN

Other



- Physician specialty (i.e., neurologist/neuromuscular specialists)
- Physician's case notes
 - An accurate weight in kilograms (the dosage is based on mg/kg)

Clinical Guidance



- Detailed patient history
- Evidence of conduction block (e.g., demyelination)
- Presence of anti-GM1 antibodies
- Consultation from a neurologist or neuromuscular specialist who is an expert in the field of MMN

CBC=complete blood count; GM1=ganglioside-monosialic acid; ICD-10=International Classification of Diseases, Tenth Revision; IgA=immunoglobulin A; IgG=immunoglobulin G; IgM=immunoglobulin M; IV=intravenous; MRI=magnetic resonance imaging.



Prior Authorization (PA) (Continued)



FOR PATIENTS WITH CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY (CIDP)⁶⁻¹⁰



Disease History



- Clinical diagnosis of CIDP
- History of symptoms and medical interventions
- ICD-10 codes
- Laboratory results
 - CSF analysis
 - CBC with differential
 - ESR
 - CRP
- Pre- and posttreatment assessments
- MRI of the spinal cord and other nerve regions
- NCS and EMG findings

Treatment History



- Previous therapies and response

Other



- Physician specialty (i.e., neurologist or rheumatologist)
- Thorough history and examination
 - Biopsy when necessary

Clinical Guidance



- Progressive or relapsing/remitting disease course for ≥ 2 months
- Abnormal or absent deep tendon reflexes in upper or lower limbs
- Electrodiagnostic testing indicative of demyelination
- Refractory or intolerant to corticosteroids
- Reduced conduction velocity in at least 2 motor nerves

CBC=complete blood count; CRP=C-reactive protein; CSF=cerebrospinal fluid; EMG=electromyography; ESR=erythrocyte sedimentation rate; ICD-10=International Classification of Diseases, Tenth Revision; MRI=magnetic resonance imaging; NCS=nerve conduction study.



Prior Authorization (PA)

(Continued)



Unfortunately, a PA request may not always be approved.

In this scenario, the prescribing physician will need to **prepare additional information to appeal the decision**.

There are numerous reasons why a PA could be denied, some of which are described on the following pages, but a common reason for a PA denial is **incomplete information**. It is crucial for the physician or specialty pharmacy completing the PA request to include all relevant diagnostic and patient information, including the prescribing physician's case notes.

When a PA request is denied, whether for incomplete information or a different reason, an appeal will need to:

- ✓ **Include additional support for why the medication is clinically necessary for the patient**
- ✓ **Be submitted in the time frame specified by the patient's insurance**



Step Therapy



Step therapy, or fail-first, is a management tool frequently included in a PA that requires a trial of one or more preferred medications before a nonpreferred medication is covered. In IG, there are **2 kinds of step therapy** that could affect a patient's access to their prescribed medication.

Some plans may require **trial and failure** of a 5% or 10% IG product before covering a 20% IG product, or require use of a 10% IG product that may be IV or SC before covering a subcutaneous IG (SCIG)-only product.

Step through a **preferred product/preferred drug list (PDL)** – plan might have preferred IG products that a patient **must try and fail** before a different, nonpreferred option is covered.

A PA denial due to step therapy may be appealed. Some plans require a **letter or statement of medical necessity (LMN, SMN)** to be submitted along with the PA appeals letter to support the IG product choice.

[DOWNLOAD PA APPEALS
LETTER CHECKLIST](#)[DOWNLOAD LMN/SMN CHECKLIST](#)[VIEW SUPPORTING
REFERENCES TABLE](#)

Formulary Exclusion



There are **2 basic types of formularies** a health plan can have.

OPEN

An open formulary pharmacy benefit provides coverage at the point of sale for all medications covered under the prescription benefit, even those not listed on the formulary.⁵

CLOSED

Under a closed formulary pharmacy benefit, only the drugs listed on the formulary are covered at the point of sale.⁵ Nonformulary medications can only be obtained via a formulary exception process.

The PA process can be used to request coverage for Takeda IG products that are covered under the pharmacy benefit but are not included on a plan's formulary. A formulary exception request form prepared by the prescribing physician should be submitted to the patient's health plan as part of this process.

Note: Restricted formularies may also be available whereby coverage is contingent on a set of criteria. See the "Prior Authorization" section starting on page 7 for more information.

**DOWNLOAD FORMULARY EXCEPTION
REQUEST FORM CHECKLIST**



Site of Care Requirement



Some health plans have a site-of-care policy for specific injectable or infused drugs. For the initial infusion of IG, reinitiation of IG therapy after more than 6 months off therapy, or the change of an IG product, health plans will generally cover the physician's site of care of choice, including a hospital.^{11,12}

For subsequent infusions, health plans may not cover infusions in the hospital setting unless the physician provides evidence of medical necessity.^{11,12}

Health plans will have their own specific site-of-care policies, but in general, it may be considered medically necessary for patients receiving IG to **receive their infusion in an outpatient hospital or in a home care setting.**



If the site of care that the patient and the patient's physician have agreed upon is **not covered by the patient's insurance**, it may be necessary to **submit an LMN/SMN** outlining the reasons why the chosen site of care is medically necessary.

[DOWNLOAD LMN/SMN CHECKLIST](#)

[VIEW SUPPORTING
REFERENCES TABLE](#)



Coding Error



What Happens If A Claim Is Denied



Incorrect code
submitted in claim



Prescribing physician must
identify the correct code



Reopen the claim



A patient's **access**
to necessary medication
is **delayed**

If the **incorrect** diagnosis code, National Drug Code (NDC), Healthcare Common Procedure Coding System (HCPCS) code, or Current Procedural Terminology (CPT®) code is submitted in the claim, the **claim may be denied**.¹³ The prescribing physician will then have to identify the correct code before reopening the claim, possibly delaying a patient's access to necessary medication.



To help prevent coding errors,
Takeda provides **coding guides** for
all of the IG products in its portfolio.

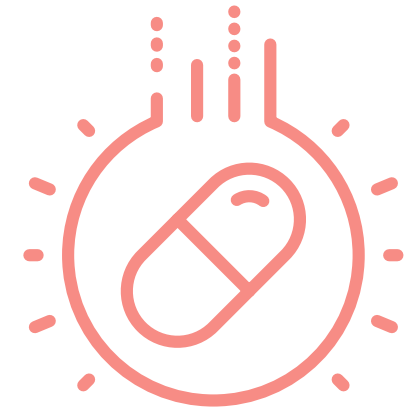
Out-of-Network Pharmacy



If the physician sends the prescription for a Takeda IG product to a **pharmacy that is not in the plan's specialty pharmacy network**, the claim will not be processed. The out-of-network pharmacy may contact the provider's office to note the issue or may transfer the prescription to an in-network pharmacy directly.

The out-of-network pharmacy may also get an **exception to fill the prescription**, and the patient may choose to pay out of pocket.

Health plans may provide information on preferred specialty pharmacies in provider newsletters or via publication of specialty drug lists.



High-Dollar-Amount Edits

All IG products require weight-based dosing, leading to a large variation in cost from patient to patient.

Patients who require a larger amount of IG may experience a delay in their claim approval due to a high-dollar-amount edit. This issue may be resolved with the submission of an LMN/SMN that includes details such as the patient's height and weight, and information from the product's Prescribing Information or treatment guidelines to support why the prescribed dose is appropriate.



[DOWNLOAD LMN/SMN CHECKLIST](#)

[VIEW SUPPORTING
REFERENCES TABLE](#)



Incorrect Benefit



Takeda's IG portfolio includes intravenous IG (IVIG) and SCIG products, and there is some variance in how the different products are billed to commercial health plans. IVIG products and the associated support staff and medical equipment are generally covered under the medical benefit. For SCIG, the product itself is usually covered under the pharmacy benefit, but other items necessary for administration may be covered under the medical benefit. Additionally, the initial dose of a Takeda SCIG product may be administered in a hospital outpatient facility or an infusion center, in which case the product itself may be covered under the medical benefit. A home nursing visit to assist with administration may also be covered under the medical benefit.



If a patient's claim is rejected due to billing to the incorrect benefit, the HCP should work with the dispensing pharmacy to correct the error, and the dispensing pharmacy should resubmit the claim to the appropriate benefit.

Medicare-Specific Reimbursement Challenges



IG therapy for PI, MMN, or CIDP, whether it is IVIG or SCIG, is ~80% covered under Medicare Part B.¹⁴ If the IVIG/SCIG service claim is submitted under Part D when it should be under Part B, the HCP will need to resubmit the claim through the appropriate benefit.¹⁵

The following conditions must be met for IVIG and SCIG to be covered under Medicare Part B in the home setting¹⁶:

- ✓ **Patient is diagnosed with PI, MMN, or CIDP**
- ✓ **Physician determines that administration of IVIG in the home is medically appropriate**



It is important to note the specifics of Medicare Part B coverage for at-home IVIG administration.

- Coverage is provided for SCIG products
- Coverage is not provided for items or services related to IVIG administration (i.e., in-home nursing professionals)¹⁶

LEARN MORE



For detailed information on the Medicare appeals process for drugs covered under Part B and Part D, please refer to the official Medicare Appeals booklet





The following diagnosis codes are approvable under Medicare Part B¹⁶:

ICD-10 ¹⁷			
G11.3	Cerebellar ataxia with defective DNA repair	D81.7	Major histocompatibility complex class II deficiency
D80.0	Hereditary hypogammaglobulinemia	D81.89	Combined immunodeficiency, unspecified; SCID NOS
D80.2	Selective deficiency of immunoglobulin A [IgA]	D82.0	Wiskott-Aldrich syndrome
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses	D82.1	DiGeorge syndrome
D80.4	Selective deficiency of immunoglobulin M [IgM]	D82.4	Hyperimmunoglobulin E [IgE] syndrome
D80.5	Immunodeficiency with increased IgM	D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function
D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia	D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
D80.7	Transient hypogammaglobulinemia of infancy	D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells
D81.0	SCID with reticular dysgenesis	D83.8	Other common variable immunodeficiencies
D81.1	SCID with low T- and B-cell numbers	D83.9	Common variable immunodeficiency, unspecified
D81.2	SCID with low or normal B-cell numbers	G61.81	Chronic inflammatory demyelinating polyneuritis
D81.5	Purine nucleoside phosphorylase [PNP] deficiency	G61.82	Multifocal motor neuropathy [MMN]
D81.6	Major histocompatibility complex class I deficiency		

DNA=deoxyribonucleic acid; NOS=not otherwise specified; SCID=severe combined immunodeficiency.

Please click for Indications and Full Prescribing Information for [CUVITRU](#), [HYQVIA](#), [GAMMAGARD LIQUID](#), and [GAMMAGARD S/D](#).

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Actions to Support Effective Appeals



PA Request Form Checklist



PA Request Form Checklist

- Be sure to fill in as much information on the form as possible. Incomplete information can lead to a PA denial
- Include the patient's name, policy number, ID number, group number, and date of birth
- Include the prescribing physician's name, specialty, and NPI number
- Include the phone numbers for the prescribing physician and patient if the health plan requires any additional information to support the appeal
- Include specific billing codes where appropriate
 - Include the ICD-10 code, and relevant HCPCS code and NDC code, if applicable
- If the patient is currently receiving an IG product, include the product name, manufacturer name, and dose
 - Include specific measures of clinical benefit seen in the patient with the IG product
- Include the prescribed dose and patient weight
- If the PA includes preferred products, include content from the **Additional considerations for a formulary exception request form**



Include additional clinical information, if applicable

- ✓ Setting of care
- ✓ Date of service
- ✓ Diagnosis codes and descriptions (ICD-10-CM)
- ✓ NDCs, procedure/service requested
- ✓ HCPCS/CPT codes and descriptions
- ✓ Diagnostic criteria

LEARN MORE



Please do not share with your Takeda representative any documentation of labs, clinical history, or other patient-specific information.

ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; ID=identification; NPI=National Provider Identifier.



PA Request Form Checklist



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DIAGNOSTIC CRITERIA



For PI

Lab tests that confirm a diagnosis, such as quantitative serum IG levels, CBC differential, ESR, quantification of blood T- and B-cell subpopulations, and/or other relevant antibody tests

For MMN

Lab tests that confirm a diagnosis, such as electromyography, nerve conduction studies, nerve ultrasound, or MRI

- Antibody results, such as IgM Anti-GM1 titers

For CIDP

- Tests that confirm a diagnosis, such as electromyography, nerve conduction studies, CSF analysis, or nerve biopsy
- If requested, include the patient's medical records and all of the documents listed or referenced in the PA request form when it is sent to the patient's insurance provider
- Signature from the prescribing physician

Formulary Exception Request Form

In addition to the information listed in the [PA request form checklist](#), consider including the following items in a formulary exception request form:

- Be sure to fill in as much information on the form as possible. Incomplete information can lead to a denial
- Clearly state the rationale for prescribing an IG product that is not on formulary and why the formulary agents are not appropriate. Possible reasons include:
 - Patient comorbidities
 - Previous infusion-related adverse reactions
 - Patient is currently stable on drug that is not on formulary
 - Limited availability of formulary alternatives
 - Prior therapeutic failure on formulary agent
 - Volume limitations





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Letter or Statement of Medical Necessity (LMN, SMN)



An LMN/SMN is a critical component of appealing a coverage denial or requesting a formulary exception. The LMN/SMN is the prescribing physician's opportunity to present all of the rationale for why a certain Takeda IG product is clinically necessary for the patient. It is important to note that LMN/SMNs should be concise while making as strong an argument as possible, and should be drafted on official letterhead stationery.

In addition to the information listed in the [PA request form checklist](#), consider including the following items in an LMN/SMN:

- Clearly state the rationale for treatment with the relevant Takeda IG product and why it is appropriate for the patient
- Include support for the treatment recommendation
- Citing published trials can be impactful. See the updated guidelines on the use of immunoglobulin in human disease
- Specify if patient is already on a Takeda IG product and is clinically stable and include specific measures of clinical benefit
- Explain why the formulary-preferred agents, if applicable, are not appropriate (e.g., patient's comorbidities, previous infusion-related adverse reaction, etc.)
- Outline implications if patient goes without treatment
- If applicable, include the product name, duration of treatment, and reason for discontinuation for any previous IG treatments

Important information to consider including in a LMN/SMN letter when prescribing Takeda IG products not on formulary or on the preferred drug list:

- Evidence of clinical benefit seen with Takeda IG treatment. Can include pre- and posttreatment laboratory results in the above table to demonstrate clinical benefit
- Patient-specific reasons for prescribing an IG product that is not preferred or on formulary (patient comorbidities, history of adverse reactions to formulary agent, etc.)
- Rationale against switching IG products
- Reasons why IG products are not interchangeable
- Clinical implications if treatment with the Takeda IG product is interrupted
- For patients prescribed SCIG, include rationale for SCIG treatment
- For patients whose chosen site of care is not covered, include rationale to support site of care

Additional Considerations for a PA Appeals Letter



In addition to the information listed in the PA request form checklist, consider including the following items in a PA appeals letter:

- ✓ Review the reason for the denial, if supplied
- ✓ If information (dose, indicated use, etc.) was missing from original PA request that may have led to the denial, include that information in the appeal
- ✓ Confirm the timeline and process for appeals
- ✓ Confirm where the appeal is to be sent; it may differ from the original PA request
- ✓ Provide well-accepted diagnostic studies and standards of practical criteria to support the laboratory studies, if applicable
- ✓ Include an LMN or SMN if required by the patient's health plan
- ✓ Include the names of immunologists who have completed the scientific research on the diagnosis in question, should the health plan request a peer review



Please do not share with your Takeda representative any documentation of labs, clinical history, or other patient-specific information.

[CLICK HERE FOR SUPPORTING REFERENCES TABLE](#)

ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; NPI=National Provider Identifier.





Appeals Review

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Consider the following to help prepare for a successful peer-to-peer review in the appeal process:

- ✓ Clinical rationale supported by medical history or publications are the most compelling, but quality of life rationale may also be considered
- ✓ Submit an LMN or SMN in writing prior to the peer-to-peer review
- ✓ Request a like specialist (e.g., allergist/immunologist, clinical immunologist)
- ✓ Refer to and have relevant documents and lab results available during the discussion (e.g., diagnosis, case notes, medical history)
- ✓ Refer to supporting references and publications to support rationale for a particular product
- ✓ Discuss the results of a successful trial of product, if available
- ✓ Discuss the potential consequences of a denial for the patient
- ✓ Discuss patient's adverse events with previously trialed products, if appropriate
- ✓ Be available during the call window; missing the peer-to-peer review can result in automatic denials
- ✓ If denial is the final outcome of the review, ask for the peer's name and license number to be noted in the chart



Please do not share with your Takeda representative any documentation of labs, clinical history, or other patient-specific information.

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Please click for Indications and Full Prescribing Information for [CUVITRU](#), [HYQVIA](#), [GAMMAGARD LIQUID](#), and [GAMMAGARD S/D](#).

Letter or Statement of Medical Necessity (LMN, SMN)


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An LMN/SMN is a critical component of appealing a coverage denial or requesting a formulary exception. The LMN/SMN is the prescribing physician’s opportunity to present all of the rationale for why a certain Takeda IG product is clinically necessary for the patient. It is important to note that LMN/SMNs should be concise while making as strong an argument as possible, and should be drafted on official letterhead stationery.

In addition to the information listed in the [PA request form checklist](#), consider including the following items in an LMN/SMN:

- ✓ Clearly state the rationale for treatment with the relevant Takeda IG product and why it is appropriate for the patient
- Include support for the treatment recommendation
 - Citing published trials can be impactful. See the updated guidelines on the use of immunoglobulin in human disease
- Explain why the formulary-preferred agents, if applicable, are not appropriate (e.g., patient’s comorbidities, previous infusion-related adverse reaction, etc.)
- Specify if patient is already on a Takeda IG product and is clinically stable, and include specific measures of clinical benefit
- Outline implications if patient goes without treatment
- If applicable, include the product name, duration of treatment, and reason for discontinuation for any
- ✓ If applicable, include the product name, duration of treatment, and reason for discontinuation for any previous IG treatments

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Please do not share with your Takeda representative any documentation of labs, clinical history, or other patient-specific information.

[CLICK HERE FOR SUPPORTING REFERENCES TABLE](#)

ADDITIONAL CONSIDERATIONS

Important information to consider including in a LMN/SMN letter when prescribing Takeda IG products not on formulary or on the preferred drug list:

- Evidence of clinical benefit seen with Takeda IG treatment. Can include pre- and posttreatment laboratory results in the above table to demonstrate clinical benefit
- Patient-specific reasons for prescribing an IG product that is not preferred or on formulary (patient comorbidities, history of adverse reactions to formulary agent, etc.)
- Rationale against switching IG products
- Reasons why IG products are not interchangeable
- Clinical implications if treatment with the Takeda IG product is interrupted
- For patients prescribed SCIG, include rationale for SCIG treatment
- For patients whose chosen site of care is not covered, include rationale to support site of care

ON OFFICE LETTERHEAD INCLUDING PROVIDER NAME AND ADDRESS

[Date]
(Name of health plan)
(Mailing address)
Re: (Patient's name)

(Plan identification number)
(Date of birth)
(Case identification)

To Whom It May Concern:

I am writing to provide additional information to support my claim for (patient's name)'s treatment of (diagnosis) with (Takeda IG product), in (brief treatment with (Takeda IG product), dose, frequency) is medically appropriate and necessary for this patient. This letter includes the patient's medical history and previous treatments that support my recommendation for treatment with (Takeda IG product).

Diagnosis and Medical History	
Patient diagnosis: (diagnosis)	
Patient data	Clinical diagnostic criteria
IGG serum levels	IGG serum levels
IGA serum levels	IGA serum levels
IGH serum levels	IGH serum levels
IGL subclass	IGL subclass
Vaccine response	Vaccine response
B cells	B cells

(Patient's name)'s laboratory results and history of infection meet the clinical diagnostic criteria for (diagnosis). IG therapy is a recommended treatment for (diagnosis) as stated in the updated guidelines for use of IG therapy in human disease (for applicable references/guidelines if appropriate).

(Summarize treatment recommendation here.)

Please feel free to contact me, (PCP name), at (office phone number) for any additional information you may require. We look forward to receiving your timely response and approval of this claim.

Sincerely,
(Physician's name and signature)
(Physician's medical specialty)
(Physician's MDE)
(Physician's practice name)
(Phone number)
(Fax number)

551657 10/19

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Support References

Please refer to the below support information for treatment with a Takeda IG product, which may be included in a PA request form or appeals letter, an LMN/SMN, or a formulary exception request form to further support the case.

Support	Reference Citation
Support for Indication/Appropriate Use of IG^{18,19}	
Recommendations and rationale for use of IG in specific disease states are included in the updated guidelines on the use of IG in human disease	Perez EE, Orange JS, Bonilla F, et al. Update on the use of immunoglobulin in human disease: a review of evidence. <i>J Allergy Clin Immunol.</i> 2017;139(3 suppl):S1-S46. https://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20and%20Parameters/IVIG-March-2017.pdf .
A summary of disease-specific diagnostic criteria can be found in the 2015 practice parameter for the diagnosis and management of PI:	Bonilla FA, Khan DA, Ballas ZK, et al. Practice parameter for the diagnosis and management of primary immunodeficiency. <i>J Allergy Clin Immunol.</i> 2015;136(5):1186-1205. https://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20and%20Parameters/PID-Nov-2015.pdf .
Rationale Against Switching IG Products^{18,20}	
Significant adverse reactions occur in approximately 15%-18% of patients when switching IVIG products	Perez EE, Orange JS, Bonilla F, et al. Update on the use of immunoglobulin in human disease: a review of evidence. <i>J Allergy Clin Immunol.</i> 2017;139(3 suppl):S1-S46. https://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20and%20Parameters/IVIG-March-2017.pdf .
The AAAAI <i>Guiding Principles</i> state that a patient stabilized on a particular product should be maintained on that particular therapy	American Academy of Allergy, Asthma & Immunology. Eight guiding principles for effective use of IVIG for patients with primary immunodeficiency. https://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20Resources/IVIG-guiding-principles.pdf . December 2011. Accessed January 3, 2024.



This is not an exhaustive list of references that may be helpful to support treatment with a Takeda IG product in the context of a denial and appeal or formulary exception request.

Each insurer and/or patient may need different information to support the appeal or formulary exception process. Carefully review the insurer guidelines and denial, if applicable, to determine what information should be included in your submission.



Support References

(Continued)

Please refer to the below support information for treatment with a Takeda IG product, which may be included in a PA request form or appeals letter, an LMN/SMN, or a formulary exception request form to further support the case.

Support	Reference Citation
Reasons Why IG Products Are Not Interchangeable²⁰⁻²²	
The AAAAI Guiding Principles state that the various IG products that are indicated for the treatment of PI diseases “are not generic and there are notable differences amongst them” <ul style="list-style-type: none">• A patient with diabetes should not use an IG product that uses glucose as a stabilizer• IG products with a higher sodium content would not be appropriate to use in patients with cardiac conditions	American Academy of Allergy, Asthma & Immunology. Eight guiding principles for effective use of IVIG for patients with primary immunodeficiency. https://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20Resources/IVIG-guiding-principles.pdf . December 2011. Accessed January 3, 2024.
IG products are not interchangeable, and patients can have varying reactions to seemingly similar products. The 2018 IDF treatment survey found that many PI patients who have been on more than one IG product tolerate some IG products better than others	Immune Deficiency Foundation. 2018 IDF national treatment survey. https://primaryimmune.org/sites/default/files/IDF-2018-Treatment-Survey_0.pdf . Accessed January 3, 2024.
Patient tolerance or responsiveness can vary across IG products. Poorly tolerated therapies adversely affect patient outcomes and may also require the use of additional therapies, which can increase costs. Taking cost-effectiveness into consideration, physicians should have the flexibility to prescribe appropriate therapies based on the patient’s individual needs	Grabowski H, Manning R. Key economic and value considerations in the U.S. market for plasma protein therapies. Bates White Economic Consulting. February 2018. https://www.bateswhite.com/media/publication/154_Plasma_Protein_Therapies_paper.pdf . Accessed January 3, 2024.



This is not an exhaustive list of references that may be helpful to support treatment with a Takeda IG product in the context of a denial and appeal or formulary exception request.

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IDF=Immune Deficiency Foundation.



Support References

(Continued)

Please refer to the below support information for treatment with a Takeda IG product, which may be included in a PA request form or appeals letter, an LMN/SMN, or a formulary exception request form to further support the case.

Support	Reference Citation
Rationale to Support SCIG^{18,20}	
Subcutaneous IG therapy presents numerous benefits for patients experiencing severe or difficult-to-control adverse events related to intravenous IG infusion NOTE: The physician may need to list patient-specific benefits of SCIG therapy and include documentation of the IVIG adverse events to demonstrate clinical need	American Academy of Allergy, Asthma & Immunology. Eight guiding principles for effective use of IVIG for patients with primary immunodeficiency. https://www.aaaai.org/Aaaai/media/Media-Library-PDFs/Practice%20Management/Practice%20Tools/Guidelines-for-the-site-of-care-for-administration-of-IGIV-therapy.pdf . December 2011. Accessed January 3, 2024.
Patients with poor venous access may require SCIG NOTE: The physician will need to provide documentation of the reason for poor venous access (i.e., type of VAD, prior VAD infections, etc.)	American Academy of Allergy, Asthma & Immunology. Eight guiding principles for effective use of IVIG for patients with primary immunodeficiency. https://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20Resources/IVIG-guiding-principles.pdf . December 2011. Accessed January 3, 2024.
With SCIG, patients reach steady-state IgG levels, so the withdrawal effects (e.g., malaise or symptoms of infection) that patients may experience in the week preceding the next IVIG infusion are minimal NOTE: The physician may need to provide documentation and attest to the patient's withdrawal symptoms	Perez EE, Orange JS, Bonilla F, et al. Update on the use of immunoglobulin in human disease: a review of evidence. <i>J Allergy Clin Immunol</i> . 2017;139(3 suppl):S1-S46. https://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20and%20Parameters/IVIG-March-2017.pdf .



This is not an exhaustive list of references that may be helpful to support treatment with a Takeda IG product in the context of a denial and appeal or formulary exception request.

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VAD=vascular access device.





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(Continued)

Please refer to the below support information for treatment with a Takeda IG product, which may be included in a PA request form or appeals letter, an LMN/SMN, or a formulary exception request form to further support the case.

Support	Reference Citation
Rationale to Support IVIG Site of Care²³	
Certain patients require higher levels of monitoring and intervention during IVIG infusions. If infusion-related adverse events are concerning to the physician, medical supervision should be available. NOTE: The physician will also need to include patient-specific information to demonstrate clinical need for increased monitoring	American Academy of Allergy, Asthma & Immunology. Guidelines for site of care for administration of IVIG therapy. www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20and%20Parameters/IVIG-March-2017.pdf . Accessed January 3, 2024.
Some patients with PI may require frequent follow-up visits with physicians because of disease-related complications (chronic bronchitis, inflammatory bowel disease, etc.) or to ensure appropriate management of the underlying disease. In some cases, considerable savings in time and costs can be achieved by having physician follow-up visits at the same time and place as the IVIG infusions.	American Academy of Allergy, Asthma & Immunology. Guidelines for site of care for administration of IVIG therapy. https://www.aaaai.org/Aaaai/media/MediaLibrary-PDFs/Practice%20Management/Practice%20Tools/Guidelines-for-the-site-of-care-for-administration-of-IGIV-therapy.pdf . Accessed January 3, 2024.
Rationale to Support Prescribed Dose¹⁸	
Defining “adequate” treatment by using only the standard of minimal or suboptimal IgG levels can potentially harm patients. Treatment regimens should be individualized for each patient.	Perez EE, Orange JS, Bonilla F, et al. Update on the use of immunoglobulin in human disease: a review of evidence. <i>J Allergy Clin Immunol.</i> 2017;139(3 suppl):S1-S46. https://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20and%20Parameters/IVIG-March-2017.pdf .
For patients switching from IVIG to SCIG, dose may need to be adjusted beyond the conversion factor of 1.37 for patients with a very low or very high BMI. Studies of 16% and 20% SCIG formulations have suggested that subjects with a high BMI might require higher dose adjustments when switching for IVIG to SCIG.	Perez EE, Orange JS, Bonilla F, et al. Update on the use of immunoglobulin in human disease: a review of evidence. <i>J Allergy Clin Immunol.</i> 2017;139(3 suppl):S1-S46. https://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20and%20Parameters/IVIG-March-2017.pdf .



This is not an exhaustive list of references that may be helpful to support treatment with a Takeda IG product in the context of a denial and appeal or formulary exception request.

Each insurer and/or patient may need different information to support the appeal or formulary exception process. Carefully review the insurer guidelines and denial, if applicable, to determine what information should be included in your submission.

BMI=body mass index.





PI, MMN, and CIDP ICD-10 Diagnosis Codes¹⁷

Introduction

CUVITRU [Immune Globulin Subcutaneous (Human)] 20% Solution, HYQVIA [Immune Globulin Infusion 10% (Human) with Recombinant Human Hyaluronidase] Solution, GAMMAGARD LIQUID [Immune Globulin Infusion (Human)] 10% Solution, and GAMMAGARD S/D [Immune Globulin Intravenous (Human)] IgA less than 1 µg/mL in a 5% solution

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D80	Immunodeficiency With Predominantly Antibody Defects
D80.0	Hereditary hypogammaglobulinemia Autosomal recessive agammaglobulinemia (Swiss type) X-linked agammaglobulinemia [Bruton] (with growth hormone deficiency)
D80.1	Nonfamilial hypogammaglobulinemia Agammaglobulinemia with immunoglobulin-bearing B-lymphocytes Common variable agammaglobulinemia [CVAgamma] Hypogammaglobulinemia NOS
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses
D80.4	Selective deficiency of immunoglobulin M [IgM]
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
D80.7	Transient hypogammaglobulinemia of infancy
D80.8	Other immunodeficiencies with predominantly antibody defects Kappa light chain deficiency
D80.9	Immunodeficiency with predominantly antibody defects, unspecified

D81	Combined Immunodeficiencies
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis
D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D81.4	Nezelof syndrome
D81.6	Major histocompatibility complex class I deficiency Bare lymphocyte syndrome
D81.7	Major histocompatibility complex class II deficiency
D81.89	Other combined immunodeficiencies
D81.9	Combined immunodeficiency, unspecified\ Severe combined immunodeficiency disorder [SCID] NOS



Please click for Indications and Full Prescribing Information for [CUVITRU](#), [HYQVIA](#), [GAMMAGARD LIQUID](#), and [GAMMAGARD S/D](#).



PI, MMN, and CIDP ICD-10 Diagnosis Codes¹⁷

(Continued)

Introduction

CUVITRU [Immune Globulin Subcutaneous (Human)] 20% Solution, HYQVIA [Immune Globulin Infusion 10% (Human) with Recombinant Human Hyaluronidase] Solution, GAMMAGARD LIQUID [Immune Globulin Infusion (Human)] 10% Solution, and GAMMAGARD S/D [Immune Globulin Intravenous (Human)] IgA less than 1 µg/mL in a 5% solution

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D82	Immunodeficiency Associated With Other Major Defects
D82.0	Wiskott-Aldrich syndrome Immunodeficiency with thrombocytopenia and eczema
D82.1	DiGeorge syndrome Pharyngeal pouch syndrome Thymic aplasia or hypoplasia Thymic aplasia or hypoplasia with immunodeficiency
D82.2	Immunodeficiency with short-limbed stature
D82.3	Immunodeficiency following hereditary defective response to Epstein-Barr virus X-linked lymphoproliferative disease
D82.4	Hyperimmunoglobulin E [IgE] syndrome
D82.8	Immunodeficiency associated with other specified major defects
D82.9	Immunodeficiency associated with major defect, unspecified

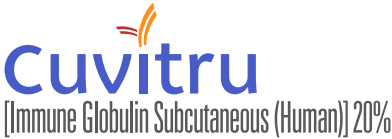
D83	Common Variable Immunodeficiency
D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function
D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells
D83.8	Other common variable immunodeficiencies
D83.9	Common variable immunodeficiency, unspecified

G61	Inflammatory Polyneuropathy
G61.81	Chronic inflammatory demyelinating polyneuritis
G61.82	Multifocal motor neuropathy [MMN]



Please click for Indications and Full Prescribing Information for [CUVITRU](#), [HYQVIA](#), [GAMMAGARD LIQUID](#), and [GAMMAGARD S/D](#).

CUVITRU Billing Codes



The provider is responsible for ensuring accurate and appropriate diagnostic coding to obtain reimbursement.

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Applicable HCPCS Codes ²⁴	
HCPCS Code	Description
J1555	Injection, immune globulin (CUVITRU), 100 mg

External Infusion Pump	
HCPCS Code	Description
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater
E0780	Ambulatory infusion pump, mechanical, for infusion less than 8 hours
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
E0791	Parenteral infusion pump, stationary, single, or multichannel

External Infusion Pump Supplies	
A4221	Supplies for maintenance of drug infusion catheter, per week (list drugs separately)
A4222	Infusion supplies for external drug infusion pump, per cassette or bag
K0552	Supplies for external drug infusion pump, syringe type cartridge, sterile, each

CUVITRU NDC Numbers ¹			
NDC Number		Grams Protein [Immune Globulin Subcutaneous (Human) 20%]	J1555-Billing Units [Injection, immune globulin (CUVITRU), 100 mg]
0944-2850-01	5 mL	1.0	10 units
0944-2850-03	10 mL	2.0	20 units
0944-2850-05	20 mL	4.0	40 units
0944-2850-07	40 mL	8.0	80 units
0944-2850-09	50 mL	10.0	100 units

CPT Codes ²⁵	
Subcutaneous Administration	
The following CPT codes apply to administration services performed by a healthcare provider concurrent with infusion.	
CPT Code	Description
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)
96370	Each additional hour (list separately in addition to code for primary procedure)

The information contained in this Coding Reference Guide is provided for informational purposes only. Every reasonable effort has been made to verify the accuracy of the information; however, this guide is not intended to provide specific guidance on how to utilize, code, bill, or charge for any product or service. Healthcare providers should make the ultimate determination as to when to use a specific product based on clinical appropriateness for a particular patient. Third-party payment for medical products and services is affected by numerous factors, and Takeda cannot guarantee success in obtaining insurance payments. This Coding Reference Guide is current as of August 2019.



Please click for Indications and Full Prescribing Information for [CUVITRU](#), [HYQVIA](#), [GAMMAGARD LIQUID](#), and [GAMMAGARD S/D](#).

HYQVIA Billing Codes



The provider is responsible for ensuring accurate and appropriate diagnostic coding to obtain reimbursement.

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Applicable HCPCS Codes ²⁴	
HCPCS Code	Description
J1575	Injection, immune globulin/hyaluronidase, (HYQVIA), 100 mg immune globulin

DME and Supply Codes	
HCPCS Code	Description
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater
E0780	Ambulatory infusion pump, mechanical, for infusion less than 8 hours
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
E0791	Parenteral infusion pump, stationary, single, or multichannel
A4221	Supplies for maintenance of drug infusion catheter, per week (list drugs separately)
K0552	Supplies for external drug infusion pump, syringe type cartridge, sterile, each

Home Infusion Therapy	
S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

CPT Codes ²⁵	
Subcutaneous Administration	
CPT Code	Description
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)
96370	Each additional hour (list separately in addition to code for primary procedure)
96371	Additional pump set-up with establishment of new subcutaneous infusion site(s) (list separately in addition to code for primary procedure)

NDC Numbers ²			
NDC Number	Volume	Grams Protein [Immune Globulin 10% (Human)]	J1575-Billing Units ^a [Injection, immune globulin/hyaluronidase, (HYQVIA) 100 mg immune globulin]
0944-2510-02	25 mL	2.5	25 mL
0944-2511-02	50 mL	5.0	50 mL
0944-2512-02	100 mL	10.0	100 mL
0944-2513-02	200 mL	20.0	200 mL
0944-2514-02	300 mL	30.0	300 mL

^aHYQVIA is supplied in a dual-vial unit of 2 single-use vials containing the labeled amount of functionally active Immune Globulin Infusion 10% (Human) and Recombinant Human Hyaluronidase.



Please click for Indications and Full Prescribing Information for [CUVITRU](#), [HYQVIA](#), [GAMMAGARD LIQUID](#), and [GAMMAGARD S/D](#).

GAMMAGARD LIQUID Billing Codes

GAMMAGARD LIQUID
[Immune Globulin Infusion (Human)] 10%



The provider is responsible for ensuring accurate and appropriate diagnostic coding to obtain reimbursement.

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HCPCS Codes ²⁴ [Immune Globulin Infusion (Human)] 10%	
HCPCS Code	Description
J1569^a	Injection, immune globulin (GAMMAGARD LIQUID), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1569JB^b	

^aThe HCPCS code currently assigned to GAMMAGARD LIQUID, J1569, only describes the IV route of administration. Providers are advised to contact the payer for the appropriate HCPCS code when GAMMAGARD LIQUID is administered subcutaneously.

^bMedicare DME MAC coding guidance for GAMMAGARD LIQUID with the SC route of administration via a pump.

Home Infusion Therapy (for IVIG or SCIG) ²⁴	
HCPCS Code	Description
S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

HCPs should contact payers for guidance on appropriate coding.

DME=durable medical equipment; MAC=Medicare administrative contractor; SC=subcutaneous.

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NDC Numbers ³	
NDC Number	Grams
0944-2700-02	1.0
0944-2700-03	2.5
0944-2700-04	5.0
0944-2700-05	10.0
0944-2700-06	20.0
0944-2700-07	30.0

Hospital Revenue Code	
Code	Description
0636	Pharmacy, drugs requiring detailed coding



Please click for Indications and Full Prescribing Information for [CUVITRU](#), [HYQVIA](#), [GAMMAGARD LIQUID](#), and [GAMMAGARD S/D](#).

GAMMAGARD LIQUID Billing Codes

(Continued)

GAMMAGARD LIQUID
[Immune Globulin Infusion (Human)] 10%



The provider is responsible for ensuring accurate and appropriate diagnostic coding to obtain reimbursement.

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CPT Codes ²⁵	
Intravenous Administration	
CPT Code	Description
96365	IV infusion for therapy, prophylaxis, or diagnosis; initial, up to 1 hour
96366 (add-on code)	IV infusion for therapy, prophylaxis, or diagnosis; each additional hour (list separately in addition to code for primary procedure)
96367 (add-on code)	IV infusion for therapy, prophylaxis, or diagnosis; additional sequential infusion, up to 1 hour (list separately in addition to code for primary procedure)
96368 (add-on code)	IV infusion for therapy, prophylaxis, or diagnosis; concurrent infusion (list separately in addition to code for primary procedure)

CPT Codes ²⁵	
Subcutaneous Administration	
CPT Code	Description
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s). Excludes infusions of 15 minutes or less (96372)
96370	Each additional hour (list separately in addition to code for primary procedure). Includes infusions of more than 30 minutes beyond 1 hour
96371	Additional pump set-up with establishment of new subcutaneous infusion site(s) (list separately in addition to code for primary procedure)

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Please click for Indications and Full Prescribing Information for [CUVITRU](#), [HYQVIA](#), [GAMMAGARD LIQUID](#), and [GAMMAGARD S/D](#).

GAMMAGARD S/D Billing Codes

GAMMAGARD S/D
[Immune Globulin Intravenous (Human)]
Solvent/Detergent Treated
IgA less than 1 µg/mL in a 5% solution



The provider is responsible for ensuring accurate and appropriate diagnostic coding to obtain reimbursement.

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HCPCS Codes and Descriptions ²⁴	
Drug-specific HCPCS Code	
Code	Description
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
DME and Supply Codes	
S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

CPT Codes and Descriptions ²⁵	
Code	Description
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure)
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (list separately in addition to code for primary procedure)
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (list separately in addition to code for primary procedure)
NDC Number ⁴	Grams Protein
0944-2656-03	5 g
0944-2658-04	10 g

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Please click for Indications and Full Prescribing Information for [CUVITRU](#), [HYQVIA](#), [GAMMAGARD LIQUID](#), and [GAMMAGARD S/D](#).

Indications and Important Safety Information



Indications and Important Safety Information

INDICATIONS

CUVITRU, GAMMAGARD LIQUID, and GAMMAGARD S/D are indicated as replacement therapy for primary humoral immunodeficiency (PI) in adult and pediatric patients ≥2 years.

HYQVIA is indicated for the treatment of primary immunodeficiency (PI) in adults and pediatric patients two years of age and older and for chronic inflammatory demyelinating polyneuropathy (CIDP) as maintenance therapy to prevent relapse of neuromuscular disability and impairment in adults.

GAMMAGARD LIQUID is also indicated as a maintenance therapy to improve muscle strength and disability in adult patients with Multifocal Motor Neuropathy (MMN).

GAMMAGARD S/D is also indicated for the prevention of bacterial infections in hypogammaglobulinemia and/or recurrent bacterial infections associated with B-cell chronic lymphocytic leukemia (CLL), prevention and/or control of bleeding in adult chronic idiopathic thrombocytopenic purpura (ITP) patients, and prevention of coronary artery aneurysms associated with Kawasaki syndrome in pediatric patients.

CUVITRU and HYQVIA are for subcutaneous use only.

GAMMAGARD LIQUID is for intravenous and subcutaneous use.

GAMMAGARD S/D is for intravenous use only.

IMPORTANT SAFETY INFORMATION

WARNING: THROMBOSIS
CUVITRU, HYQVIA, GAMMAGARD LIQUID, and GAMMAGARD S/D

- Thrombosis may occur with immune globulin (IG) products, including CUVITRU, HYQVIA, GAMMAGARD LIQUID, and GAMMAGARD S/D. Risk factors may include advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors. Thrombosis may occur in the absence of known risk factors.
- For patients at risk of thrombosis, administer CUVITRU, HYQVIA, GAMMAGARD LIQUID, and GAMMAGARD S/D at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration.
- Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk of hyperviscosity.

WARNING: RENAL DYSFUNCTION and ACUTE RENAL FAILURE
GAMMAGARD LIQUID and GAMMAGARD S/D

- Renal dysfunction, acute renal failure, osmotic nephrosis, and death may occur in predisposed patients with immune globulin intravenous (IGIV) products, including GAMMAGARD LIQUID and GAMMAGARD S/D. Patients predisposed to renal dysfunction include those with any degree of pre-existing renal insufficiency, diabetes mellitus, age greater than 65, volume depletion, sepsis, paraproteinemia, or patients receiving known nephrotoxic drugs. Renal dysfunction and acute renal failure occur more commonly in patients receiving IGIV products containing sucrose. GAMMAGARD LIQUID and GAMMAGARD S/D do not contain sucrose.

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Please see additional Important Safety Information on pages 35-38 and click for Full Prescribing Information for CUVITRU, HYQVIA, GAMMAGARD LIQUID, and GAMMAGARD S/D.

Indications and Important Safety Information (Continued)



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Contraindications

- **CUVITRU**, **HYQVIA**, and **GAMMAGARD LIQUID** are contraindicated in patients with a history of anaphylactic or severe systemic hypersensitivity reactions to human IG, and IgA-deficient patients with antibodies to IgA and a history of hypersensitivity to human IG. Anaphylaxis has been reported with intravenous (IV) use of **GAMMAGARD LIQUID**.
- Additionally, **HYQVIA** is contraindicated in patients with known systemic hypersensitivity to hyaluronidase including Recombinant Human Hyaluronidase of **HYQVIA**, and known systemic hypersensitivity to human albumin (in the hyaluronidase solution).
- **GAMMAGARD S/D** is contraindicated in patients with a history of anaphylactic or severe systemic hypersensitivity reactions to the administration of **GAMMAGARD S/D**.

Warnings and Precautions

Hypersensitivity: Severe hypersensitivity reactions may occur, even in patients who have tolerated previous treatment with human IG. Severe hypersensitivity reactions and anaphylactic reactions with a fall in blood pressure have occurred in patients receiving **GAMMAGARD S/D**, including patients who tolerated previous treatments with **GAMMAGARD S/D**, even though it contains low levels of IgA. If a hypersensitivity reaction occurs, discontinue infusion immediately and institute appropriate treatment. IgA-deficient patients with antibodies to IgA are at greater risk of developing potentially severe hypersensitivity reactions, including anaphylaxis.

Renal Dysfunction/Failure: Acute renal dysfunction/failure, acute tubular necrosis, proximal tubular nephropathy, osmotic nephrosis, and death may occur with IV use of IG products, especially those containing sucrose. Acute renal failure has been reported in association with **GAMMAGARD LIQUID** and **GAMMAGARD S/D**. Ensure patients are not volume depleted prior to infusion. In patients at risk due to pre-existing renal insufficiency or predisposition to acute renal failure, assess renal function before initiation and throughout treatment, and consider lower, more frequent dosing. If renal function deteriorates, consider discontinuation.

Thrombosis: Has been reported to occur following treatment with IG products, including **HYQVIA** and in the absence of known risk factors. In patients at risk, administer at the minimum dose and infusion rate practicable. Ensure adequate hydration before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity.

Aseptic Meningitis Syndrome: Has been reported with use of IG, including **CUVITRU** and **HYQVIA** and may occur more frequently in females. Conduct a thorough neurological exam on patients exhibiting signs and symptoms, to rule out other causes of meningitis. Discontinuing IG treatment has resulted in remission within several days without sequelae. The syndrome usually begins within several hours to two days following IG treatment



Please see additional Important Safety Information on pages 35-38 and click for Full Prescribing Information, including Boxed Warnings regarding Thrombosis, Renal Dysfunction, and Acute Renal Failure, for **CUVITRU**, **HYQVIA**, **GAMMAGARD LIQUID**, and **GAMMAGARD S/D**.

Indications and Important Safety Information (Continued)



- Introduction
- Common Denial Scenarios
- Actions to Support Effective Appeals
- Billing and Coding Information

Warnings and Precautions (Continued)

Hemolysis: CUVITRU, HYQVIA, GAMMAGARD LIQUID, and GAMMAGARD S/D contain blood group antibodies, which may cause a positive direct antiglobulin reaction and hemolysis. Monitor patients for signs and symptoms of hemolysis and delayed hemolytic anemia and, if present, perform appropriate confirmatory lab testing.

Transfusion-Related Acute Lung Injury: Non-cardiogenic pulmonary edema may occur with IV administered IG. Monitor patients for pulmonary adverse reactions. If suspected, perform appropriate tests for presence of anti-neutrophil and anti-HLA antibodies in both product and patient serum. May be managed using oxygen therapy with adequate ventilatory support.

Transmittable Infectious Agents: Because CUVITRU, HYQVIA, GAMMAGARD LIQUID, and GAMMAGARD S/D are made from human plasma, they may carry a risk of transmitting infectious agents (e.g., viruses, other pathogens). No confirmed cases of viral transmission of variant Creutzfeldt-Jakob disease (vCJD) have been associated with CUVITRU or GAMMAGARD LIQUID, and no cases have been associated with HYQVIA.

Interference with Lab Tests: False positive serological test results and certain assay readings, with the potential for misleading interpretation, may occur as the result of passively transferred antibodies.

Additional Warnings and Precautions for HYQVIA

Immunogenicity of Recombinant Human Hyaluronidase (rHuPH20): Non-neutralizing antibodies to the Recombinant Human Hyaluronidase component can develop. The clinical significance of these antibodies or whether they interfere with fertilization in humans is unknown.

Spread of Localized Infection: Do not infuse HYQVIA into or around an infected area due to potential risk of spreading a localized infection.

Additional Warnings and Precautions for GAMMAGARD LIQUID and GAMMAGARD S/D

Hyperproteinemia, increased serum viscosity, and hyponatremia may occur. It is critical to distinguish true hyponatremia from a pseudohyponatremia because certain treatments may lead to volume depletion, a further increase in serum viscosity, and a predisposition to thromboembolic events.

Alterations in serum sodium levels (i.e., acute hypernatremia, pseudohyponatremia) may occur with GAMMAGARD S/D. In patients on a low sodium diet, calculate the amount of sodium from GAMMAGARD S/D when determining dietary sodium intake.

Adverse Reactions

CUVITRU

The most common adverse reactions observed in ≥5% of patients in clinical trials were local adverse reactions including mild or moderate pain, erythema, and pruritus, and systemic adverse reactions including headache, nausea, fatigue, diarrhea, and vomiting.



Please see additional Important Safety Information on pages 35-38 and click for Full Prescribing Information, including Boxed Warnings regarding Thrombosis, Renal Dysfunction, and Acute Renal Failure, for CUVITRU, HYQVIA, GAMMAGARD LIQUID, and GAMMAGARD S/D.



Indications and Important Safety Information (Continued)

Adverse Reactions (Continued)

HYQVIA

The most common adverse reactions observed in >5% of patients in clinical trials were:

PI: local adverse reactions including pain, erythema, edema, and pruritus, and systemic adverse reactions including headache, antibody formation against Recombinant Human Hyaluronidase (rHuPH20), fatigue, nausea, pyrexia, and vomiting.

CIDP: local reactions, headache, pyrexia, nausea, fatigue, erythema, pruritus, increased lipase, abdominal pain, back pain, and pain in extremity.

GAMMAGARD LIQUID

The most serious adverse reactions observed in clinical studies were aseptic meningitis, pulmonary embolism, and blurred vision.

The most common adverse reactions observed in ≥5% of subjects were:

IV administration for PI: headache, fatigue, pyrexia, nausea, chills, rigors, pain in extremity, diarrhea, migraine, dizziness, vomiting, cough, urticaria, asthma, pharyngolaryngeal pain, rash, arthralgia, myalgia, oedema peripheral, pruritus, and cardiac murmur.

Subcutaneous administration for PI: infusion site (local) event (rash, erythema, edema, hemorrhage, and irritation), headache, fatigue, heart rate increased, pyrexia, abdominal pain upper, nausea, vomiting, asthma, blood pressure systolic increased, diarrhea, ear pain, aphthous stomatitis, migraine, oropharyngeal pain, and pain in extremity.

IV administration for MMN: headache, chest discomfort, muscle spasms, muscular weakness, nausea, oropharyngeal pain, and pain in extremity.

GAMMAGARD S/D

The most common adverse reactions observed in ≥5% of clinical trial patients during or within 48 hours of infusion were headache, nausea, chills, fatigue, pyrexia, upper abdominal pain, diarrhea, back pain, infusion site pain, hyperhidrosis, and flushing.

The most serious adverse reactions reported postmarketing include renal failure, thrombotic events (myocardial infarction, cerebrovascular accidents, and pulmonary embolism), anaphylactic shock, aseptic meningitis, and hemolysis.

Drug Interactions

Passive transfer of antibodies may transiently interfere with the immune responses to live attenuated virus vaccines (e.g., measles, mumps, rubella, and varicella).

Use In Specific Populations

Pregnancy: Limited human data are available on the use of **HYQVIA** during pregnancy. The effects of antibodies to the Recombinant Human Hyaluronidase on the human embryo or fetal development are unknown. It is not known whether **HYQVIA** can cause fetal harm when administered to a pregnant woman or if it can affect reproductive capacity. **HYQVIA** should be given to a pregnant woman only if clearly needed.



Please see additional Important Safety Information on pages 35-38 and click for Full Prescribing Information, including Boxed Warnings regarding Thrombosis, Renal Dysfunction, and Acute Renal Failure, for **CUVITRU**, **HYQVIA**, **GAMMAGARD LIQUID**, and **GAMMAGARD S/D**.



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