

## Subcutaneous Immune Globulins (Cutaquig, Cuvitru, Hizentra, Hyqvia, Xembify)

When requesting Subcutaneous Immune Globulin (Cutaquig, Cuvitru, Hizentra, Hyqvia, Xembify), the individual requiring treatment must be diagnosed with an FDA-approved indication and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

### FDA-Approved Indications

Subcutaneous immune globulin (SCIG) injection is indicated for the treatment of:

- Primary humoral immunodeficiency including but not limited to, congenital agammaglobulinemia, common variable immunodeficiency, x-linked agammaglobulinemia, Wiskott-Aldrich syndrome, and severe combined immunodeficiencies.
- Chronic inflammatory demyelinating polyneuropathy (CIDP) as maintenance therapy to prevent relapse of neuromuscular disability and impairment

### Coverage Guidelines

#### Primary humoral immunodeficiency

Must have one of the following subtypes of primary immunodeficiencies:

- Common variable immunodeficiency (CVID)
- X-linked agammaglobulinemia (XLA) [Bruton's agammaglobulinemia, congenital agammaglobulinemia]
- Severe combined immunodeficiency (SCID)
- Wiskott-Aldrich syndrome
- Hyper-Immunoglobulin M (IgM) syndrome, X-linked or autosomal recessive
- Other combined immunodeficiencies with significant hypogammaglobulinemia or antibody production defect (e.g., ataxia-telangiectasis, hyper-immunoglobulin E [IgE] syndrome)
- Unspecified hypogammaglobulinemia (or unspecified IgG deficiency)

*For an initial authorization request:*

- Is 18 years of age or older (*applies to Hyqvia only*)
- The requested product is prescribed by or in consultation with one of the following physician specialist who treats patients with PID: allergist, immunologist, otolaryngologist (ear, nose, and throat [ENT] physician), pulmonologist, or infectious disease physician
- Has frequent and severe infections (*applies to other combined immunodeficiencies with significant hypogammaglobulinemia or antibody production defect indication only*)
- For CVID or unspecified hypogammaglobulinemia indications:
  - Is 2 years of age or older (*excludes Hyqvia*)

- Other disorders that may increase susceptibility to infection (e.g., allergy, anatomic defects) have been ruled out and treated aggressively if present
- The total serum IgG level is below the normal range (age-adjusted and according to the normal reference range for the reporting laboratory) measured on at least 2 occasions more than 3 weeks apart
- Has IgA or IgM serum level lower than the normal range that is measured on at least 2 occasions more than 3 weeks apart
- Has markedly impaired antibody response to protein antigen or antibody testing with a polysaccharide antigen OR the delay caused by pre-vaccination and post-vaccination antibody measurement can be deleterious to the individual's health

*For re-authorization request:*

- The frequency and/or severity of infection has been decreased (*applies to CVID, other combined immunodeficiencies with significant hypogammaglobulinemia or antibody production defect indication, or unspecified hypogammaglobulinemia indications only*)

### **Chronic inflammatory demyelinating polyneuropathy (excludes Hyqvia):**

*For an initial authorization request:*

- Is 18 years of age or older
- The request product is prescribed by or in consultation with a neurologist

*For a re-authorization request:*

- Must have a clinically significant improvement in neurological symptoms (e.g., improvement in disability, nerve conduction study results improved or stabilized)

**Approval duration (initial and renewal): 12 months**

## **Dosing Recommendations**

### **Cutaquig**

*Dosage for patients switching from IVIG*

- Initial weekly dose = previous IVIG dose (in grams) x 1.40/No. of weeks between IVIG

*Dosage for patients switching from SCIG:*

- The weekly dose of Cuvitru is recommended to be the same as the weekly dose of prior SCIG treatment

### **Cuvitru**

*Dosage for patients switching from IVIG or Hyqvia:*

- Initial weekly dose = previous IVIG or Hyqvia dose (in grams)/No. of weeks between IVIG or Hyqvia doses x 1.30

- Frequent dosing (2-7 times per week): divide the calculated weekly dose by the desired number of times per week
- Biweekly dosing: multiply the calculated weekly dose by 2

**Dosage for patients switching from SCIG:**

- The weekly dose of Cuvitru is recommended to be the same as the weekly dose of prior SCIG treatment
- Frequent dosing (2-7 times per week): divide the calculated weekly dose by the desired number of times per week
- Biweekly dosing: multiply the calculated weekly dose by 2

**Hyqvia**

***Initial treatment interval/dosage ramp-up schedule:***

- For patients previously on another immune globulin treatment, administer the first dose approximately one week after the last infusion of their previous treatment
- Increase the dose and frequency from a 1-week dose to a 3- or 4-week dose (see table below)

| Week | Infusion Number                        | Dose Interval | Example for 30 grams per 4 weeks |
|------|----------------------------------------|---------------|----------------------------------|
| 1    | 1 <sup>st</sup> infusion               | 1-week-dose   | 7.5 grams                        |
| 2    | 2 <sup>nd</sup> infusion               | 2-week-dose   | 15 grams                         |
| 3    | No infusion                            |               |                                  |
| 4    | 3 <sup>rd</sup> infusion               | 3-week-dose   | 22.5 grams                       |
| 5    | No infusion                            |               |                                  |
| 6    | No infusion                            |               |                                  |
| 7    | 4 <sup>th</sup> infusion (if required) | 4-week-dose   | 30 grams                         |

**Dosage for patients switching from IVIG:**

- Administer Hyqvia at the same dose and frequency as the previous intravenous treatment, after the initial dose ramp-up

**Dosage for patient naïve to SCIG treatment or switching from another SCIG:**

- Administer Hyqvia at 300 to 600 mg/kg at 3 to 4 week interval, after initial ramp-up

**Hizentra**

***For primary immunodeficiency:***

- Hizentra can be administered at regular intervals from daily up to every 2 weeks
- For weekly or frequent dosing, start Hizentra 1 week after the last IVIG infusion or SCIG infusion
- For biweekly dosing, start Hizentra 1 or 2 weeks after the last IVIG infusion or 1 week after the last weekly SCIG infusion

**Dosage for patients switching to Hizentra from IVIG:**

- For weekly dosing: start Hizentra 1 week after last IVIG infusion

Initial weekly dose = previous IVIG dose (in grams)/No. of weeks between IVIG doses x 1.37

- For biweekly dosing: Multiply the calculated Hizentra weekly dose by 2
- For frequent dosing (2 to 7 times per week): Divide the calculated weekly dose by the desired number of times per week

**Dosage for patients switching to Hizentra from SCIG:**

- The previously weekly SCIG dose should be maintained
- For biweekly dosing: Multiply the previous weekly dose by 2
- For frequent dosing (2 to 7 times per week): Divide the previous weekly dose by the desired number of times per week.

**For chronic inflammatory demyelinating polyneuropathy (CIDP):**

- Initiate Hizentra 1 week after the last IVIG infusion
- The recommended dose is 0.2 g/kg (1 mL/kg) per week. In the clinical study, a dose of 0.4 g/kg (2 mL/kg) per week was also safe and effective to prevent CIDP relapse

**Xembify**

**Dosage for patients switching to Xembify from IVIG:**

- Initial weekly dose (grams) = prior IVIG dose (in grams) x 1.37/No. of weeks between IVIG doses
- Frequent dosing (2-7 times per week) = divide the calculated weekly dose by the desired number of times per week

**Dosage for patients switching to Xembify from SCIG:**

- Weekly dose (grams) should be the same as the weekly dose or prior SCIG treatment (grams)

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