

Subcutaneous Immune Globulins (Cuvitru, Hizentra, Hyqvia)



When requesting Subcutaneous Immune Globulin (Cuvitru, Hizentra, Hyqvia), 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 (*applies to Hizentra only*).

Approved Off-label Compensial uses

None

Coverage Guidelines

For all approved indications, the individual must meet **ALL** of the following criteria for approval:

- For an individual with immunoglobulin A (IgA) deficiency, does not have antibodies to IgA AND a history of hypersensitivity
- For Hizentra request, an individual does not have hyperprolinemia type I or II
- For Hyqvia request, an individual does not have known systemic hypersensitivity to hyaluronidase

For primary humoral immunodeficiency

- For an initial authorization, an individual has serum immunoglobulin G (IgG) level less than 400 mg/dL. Has received intravenous immune globulin (IVIG) treatment at regular intervals for at least 3 months (*applies to Hizentra only*).
- For re-authorization, there have been decrease in the occurrences of infection with immune globulin treatments

For chronic inflammatory demyelinating polyneuropathy (for Hizentra only):

- For an initial authorization, Hizentra is being used as a maintenance therapy after being stabilized with IVIG
- For re-authorization, an individual's condition has improved or stabilized with Hizentra

Approval duration (initial and renewal): 6 months

Dosing Recommendations**Cuvitru**

- Cuvitru can be administered at regular intervals from daily up to every two weeks
- Dose should be individualized based on the patient's pharmacokinetic and clinical response

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 st infusion	1-week-dose	7.5 grams
2	2 nd infusion	2-week-dose	15 grams
3	No infusion		
4	3 rd infusion	3-week-dose	22.5 grams
5	No infusion		
6	No infusion		
7	4 th 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
- Dose should be individualized based on the patient's pharmacokinetic and clinical response

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

References

1. Cuvitru prescribing information. Westlake Village, CA; Baxalta US Inc. September 2016.
2. Hizentra prescribing information. Kankakee, IL. CSL Behring LLC. March 2018.
3. HyQvia prescribing information. Westlake Village, CA. Baxalta US Inc. September 2016.
4. Klasco RK (Ed): DRUGDEX® System. Thomson Micromedex, Greenwood Village, CO. Accessed June 13, 2018.

5. AHFS Drug Information. Immune globulin.
http://online.lexi.com/lco/action/doc/retrieve/docid/complete_ashp/413799. Accessed June 18, 2018.
6. Perez EE, Orange JS, Bonilla F, et al. Update on the use of immunoglobulin in human disease: A review of evidence. *J Allergy Clin Immunol* 2017;139:S1-46.
7. Agarwal S, Cunningham-Rundles C. Assessment and clinical interpretation of reduced IgG values. *Ann Allergy Asthma Immuno*.2007;99(3):281-283.