

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
- Congenital agammaglobulinemia
- Other agammaglobulinemia due to absence of B-cells
- Severe combined immunodeficiency (SCID)
- Wiskott-Aldrich syndrome
- Hyper-Immunoglobulin M (IgM) syndrome
- IgG level lower than 250 mg/dL
- DiGeorge syndrome
- Ataxia telangiectasis,
- Other combined immunodeficiencies with significant hypogammaglobulinemia
- Unspecified hypogammaglobulinemia
- IgG subclass deficiency
- Selective antibody deficiency (SAD)
- Other primary immune deficiency confirmed by genetic or molecular testing

Individual must meet all of the following criteria for initial authorization:

- 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;
- For IgG subclass deficiency, selective antibody deficiency (SAD), or another confirmed primary immunodeficiency:
 - o Has impaired antibody response (i.e., failure to produce antibodies to specific antigen); AND
 - o Has recurrent infections;
- For CVID, unspecified hypogammaglobulinemia, or other combined immunodeficiencies with significant hypogammaglobulinemia indications:
 - o The total serum IgG level is below the normal range (age-adjusted and according to the normal reference range for the reporting laboratory); AND
 - o Has impaired antibody response (i.e., failure to produce antibodies to specific antigen); OR
 - o Has recurrent infections.

Note: And exception can be made for the impaired antibody response if the delay caused by pre-vaccination and post-vaccination antibody measurement would be deleterious to the patient's health.

Individual must meet the following criteria for reauthorization:

- Is diagnosed with a primary immunodeficiency and is continuing to receive benefit from the product (e.g., increased IgG levels, preventing or controlling infections).

Chronic inflammatory demyelinating polyneuropathy:**Individual must meet all of the following criteria for initial authorization:**

- Is 18 years of age or older;
- The request product is prescribed by or in consultation with a neurologist;
- Electrodiagnostic studies support the diagnosis of CIDP.

Individual must meet the following criteria for reauthorization:

- Must have a clinically significant improvement in neurological symptoms (e.g., improvement in disability; nerve conduction study results improved or stabilized; physical examination showing improvement in neurological symptoms, strength, and sensation).

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

For primary immunodeficiency:

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 mg/kg to 600 mg/kg at 3 to 4 week intervals, after initial ramp-up

Dosage for continuation of Hyqvia

- Administer Hyqvia at 300 mg/kg to 600 mg/kg at 3 to 4 week intervals
- Dose and interval between doses may be adjusted based on clinical response as determined by the prescriber
- The dose and frequency can be the same as previous IVIG dose

For chronic inflammatory demyelinating polyneuropathy (CIDP):

Dosage for patients switching from IVIG:

- Administer Hyqvia at the same dose and frequency as the previous intravenous treatment
- Dose and interval between doses may be ramped-up to determine tolerability
- If the dose is ≤ 4 g/kg Hyqvia may be administered without a ramp up

Dosage for continuation of Hyqvia

- The dosing range is 0.4 g/kg to 2.4 g/kg, given in a frequency of 2 to 4-week intervals.
- Dose and interval between doses may be adjusted based on clinical response as determined by prescriber

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)

References

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3. McLean HQ, Fiebelkorn AP, Temte JL, Wallace GS; Centers for Disease Control and Prevention. Prevention of measles, rubella, congenital rubella syndrome, and mumps, 2013: summary recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep*. 2013;62:1-34.
4. Xembify 20% solution [prescribing information]. Research Triangle Park, NC: Grifols Therapeutics LLC; August 2020.
5. Cuvitru subcutaneous 20% solution [prescribing information]. Lexington, MA: Takeda; March 2023.
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8. Bonilla FA, Khan DA, Ballas ZK, et al. Practice parameter for the diagnosis and management of primary immunodeficiency. *J Allergy Clin Immunol*. 2015;136:1186-1205.