Parenteral Immunoglobulin
Adjudication Guideline

Rule Category: Pharmaceutical	**Ref: No:** 2022-PH-11	**Version Control:** Version No. V3.0	**Effective Date:** 13/6/2022	**Revision Date:** 16/8/2024
Approved by: Daman	**Responsible:** Pharmacy Standards & Governance	**Related Adjudication Guidelines:** N/A		

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1. Abstract

1.1 For Members

Immunoglobulin's products are derived from human plasma to treat immune deficiency and related diseases.

Immunodeficiency is caused by an inherent defect in the human immune system, resulting in patients being more susceptible to infection and re-infections.

1.2 For Medical Professionals

Human normal Immune globulin Products are sterile products that typically contain more than 95% unmodified IgG and are used for immune deficiency conditions in adults and children.

These products are mainly available in parenteral forms, and once the definitive diagnosis is established, medication is administered either Intravenously or Subcutaneously

2. Scope

The scope of this adjudication rule highlights the coverage and medical necessity for intravenous and Subcutaneous Immunoglobulin for the treatment of immunodeficiency and associated conditions for health insurance plans administered by Daman subject to policy terms and conditions.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Parenteral immunoglobulin Eligibility/ Coverage Criteria:

• Daman Covers all types of Parenteral immunoglobulin drugs if medically indicated as per terms and conditions of the health policy administered by Daman.

• All types of Parenteral immunoglobulins drugs are accepted for FDA/EMA label indications.

• The maximum approved dose and frequency should not exceed the ones mentioned in FDA/EMA dose recommendations.

3.2 Requirements for Coverage

• Parenteral immunoglobulin drugs request shall go to the Authorization and case management department for proper evaluation. • All ICD10 codes must be coded to the highest level of specificity.

• Parenteral immunoglobulin only Eligible clinician requests will be considered for evaluation.

Eligible clinician categories
Allergy/Immunology
General Paediatric
Hematology
Oncology
Neurology
Rheumatology
Critical Care/Emergency Medicine
Infectious Disease

Generic Name	Strength	Package Presentation
Human Immunoglobulin	200 mg/ml	5ml, 10ml, 20ml, 40ml
Human Immunoglobulin	165MG/ML	10ml
Human Immunoglobulin	2 g	Vial
Hyaluronidase /Human Immunoglobulin	2.5 g/25ml,200 IU/1.25ml- 5 g/50ml,400 IU/2.5ml- 10 g/100ml,800 IU/5ml- 20 g/200ml,1600 IU/10ml- 30 g/300ml,2400 IU/15ml	25ml, 50ml, 100ml, 200ml, 300ml
Human Immunoglobulin	50 mg/ml	10ml, 20ml, 50ml, 100ml
Human Immunoglobulin	50 mg/ml	100ml
Human Immunoglobulin	100 mg/ml	10ml, 25ml, 50ml, 100ml, 200ml
Human Immunoglobulin	2.5 g	Infusion Vial
Human Immunoglobulin	50 mg/ml	20ml, 50ml, 100ml, 200ml
Human Immunoglobulin	50 mg/ml	50 ml
Human Immunoglobulin	100 mg/ml 50 mg/ml	20ml, 50ml, 100ml, 200ml
Human Immunoglobulin	100 mg/ml	10 ml, 25 ml, 50 ml, 100 ml
Human Immunoglobulin	100 MG/ml 50 mg/ml	20 ml, 50ml, 100ml, 200ml
Human Immunoglobulin	100 MG/ml	25ml, 50ml, 100ml

3.3 Non-Coverage

• As per policy terms and conditions for visitor's plan
• Drug codes not listed/tagged as "Abu Dhabi basic drug" are not covered for the basic plan as per the DOH list.
• Parenteral immunoglobin drug codes prescribed by non-eligible clinician categories will not be covered.

3.4 Payment and Coding Rules

• Kindly apply regulator payment rules, and relevant coding manuals for ICD, CPT.
• Maximum duration and treatment are diagnosis-specific, however, maximum loading and maintenance dose of IVIG should always be tailored with label dosage and frequency.
• As per best medical practice, Subcutaneous immunoglobulin (SCIG) home taking, and self-administered drug code need PBM approval.

4. Denial Codes

Code	Code Description
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service/supply may be appropriate, but too frequent
CODE-010	Activity/diagnosis inconsistent with clinician specialty
AUTH-01	Service is not authorized.
NCOV-003	Service(s) is (are) not covered
PRCE-002	Payment is included in the allowance for another service

5 Appendices

5.1References

1- https://www.uptodate.com/contents/immune-globulin-intravenous-subcutaneous-and-intramuscular-pediatric-drug-information#F11513233
2- https://www.england.nhs.uk/wp-content/uploads/2019/03/PSS9-Immunoglobulin-Commissioning-Guidance-CQUIN-1920.pdf
3- https://emedicine.medscape.com/article/210367-overview
4- https://static.cigna.com/assets/chcp/pdf/coveragePolicies/pharmacy/ph_5026_coveragepositioncriteria_Immune_Globulin_Intravenous_IGIV.pdf
5- http://www.aetna.com/cpb/medical/data/200_299/0206.html
6- https://ameripharmaspecialty.com/immunoglobulins-ig/
7- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216671/dh_131107.pdf
8- https://www.aaaai.org/Aaaai/media/Media-Library-PDFs/Practice%20Management/Practice%20Tools/IVIG-guiding-principles.pdf
9- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216671/dh_131107.pdf
10- https://www.uptodate.com/contents/immune-globulin-intravenous-subcutaneous-and-intramuscular-drug-information?search=immunoglobulin&source=panel_search_result&selectedTitle=1~148&usage_type=panel&kp_tab=drug_general&display_rank=1
11- GAMUNEX-C CIDP Treatment | GAMUNEX®-C (immune globulin injection)

5.2Revision History

Date	Version no.	Change(s)
13/5/2022	V1.0	Release of V1.0
16/8/2024	V2.0	AR Review
30/10/2024	V3.0	no changes/ Release of V2.0