



Australian Health  
Ministers' Conference

# IVIg Criteria **Revisions**

Last updated February 2009

quick  
REFERENCE  
guide

February 2009

Medical  
condition

**MYASTHENIA GRAVIS**  
(Condition for which IVIg has an *established*  
therapeutic role)

## Dose

*Maintenance:* 0.4–1g/kg 4–6 weekly.

*Induction or prior to surgery or during myasthenic crisis:* 1–2g/kg in 2 to 5 divided doses.

Aim for *minimum dose* to maintain optimal functional status.

*Note:* smaller dosage may be of greater efficacy.

**Refer to the current product information sheet for further information.**

**Medical condition**      **MYOCARDITIS IN CHILDREN**  
(Condition for which IVIg use is in *exceptional* circumstances only)

**Indication for IVIg use**      There is some evidence that IVIg improves cardiac function in children with proven or likely viral myocarditis.

**Refer to the current product information sheet for further information.**

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Medical  
condition**PARANEOPLASTIC SYNDROMES**  
(Condition for which IVIg use is in *exceptional*  
circumstances only)Indication  
for IVIg use

IVIg may be indicated in selected cases where treatment of the underlying disease has not led to an improvement in the neurologic syndrome, where other therapies are contraindicated or have failed, or if the neurologic features warrant urgent intervention.

This should be read to include multiple types of paraneoplastic cerebellar degeneration. Such cases will only have access to ongoing treatment with IVIg where there has been an objective measurable response.

**Refer to the current product information sheet for further information.**

**Medical condition**      **POTASSIUM CHANNEL ANTIBODY-ASSOCIATED ENCEPHALOPATHY**  
(Condition for which IVIg use is in *exceptional* circumstances only)

**Indication for IVIg use**

Case reports of benefit from various therapies, including IVIg are reviewed by Vincent A *et al*: Potassium channel antibody-associated encephalopathy: a potentially immunotherapy-responsive form of limbic encephalitis. *Brain*. 2004;127(Pt 3):701-12.

Limbic encephalitis can include potassium channel antibody associated encephalopathy but if Hu antibodies are found to be present, treatment with IVIg is not indicated.

**Refer to the current product information sheet for further information.**

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Medical  
condition**PRIMARY IMMUNODEFICIENCY DISEASES**  
(Condition for which IVIg has an *established*  
therapeutic role)

## Dose

*Maintenance dose:* 0.4g/kg every four weeks, modifying dose and or schedule to achieve IgG trough levels of at least the lower limit of the age-specific serum IgG reference range.

*Loading dose:* One additional dose of 0.4g/kg in the first month of therapy is permitted if the serum IgG level is markedly reduced.

*Chronic suppurative lung disease:* Dosing to achieve IgG trough level of up to 9g/L is permitted if chronic suppurative lung disease is not adequately controlled at an IgG trough level at the lower limit of the age-specific serum IgG reference range.

*Subcutaneous administration* of immunoglobulins (SCIG) is a suitable alternative to IVIg in this disease.

**Refer to the current product information sheet for further information.**

## Medical condition

**SECONDARY HYPOGAMMAGLOBULINAEMIA**  
(Condition for which IVIg has an *emerging* therapeutic role)

## Review criteria

IVIg therapy for a maximum of **one** year with repeat immunological evaluation required prior to recommencement of IVIg. Cessation of IVIg to enable for this evaluation may be delayed until the next summer (after the first 12 months).

**Specific Antibody Deficiency**

- IVIg therapy for a maximum of one year with repeat immunological evaluation at least once to confirm a persistent specific antibody deficiency. An immunoglobulin washout period of 4 to 6 months allows accurate assessment of endogenous Ig. Treatment may be extended to allow assessment following the treatment cessation period to occur over summer. The patient who requalifies for IVIg under the current Criteria will be considered to have a persisting SAD diagnosis and will not require further treatment cessation to qualify for IVIg. Prophylactic antibiotics may be considered to cover the period of IVIg cessation.
- IgG trough levels are of no value in this setting

**IgG subclass deficiency***New patients:*

- Isolated abnormalities of IgG subclasses with normal serum IgG levels, with or without recurrent infection, do NOT meet current Criteria for IVIg in Australia. These patients should be assessed under the criteria for 'Specific Antibody Deficiency'.

*Patients currently receiving IVIg:*

- Who have not experienced ongoing bacterial susceptibility over the previous 12 months, or do not have bronchiectasis. These individuals will no longer qualify for ongoing IVIg supply.

Medical  
condition

**SPECIFIC ANTIBODY DEFICIENCY**  
(Condition for which IVIg has an *emerging*  
therapeutic role)

Review  
criteria

IVIg will cease. Patients can be reassessed at the discretion of their physician for endogenous antibody production and specific antibody responses after 4-6 months, and may subsequently requalify for IVIg under current Criteria according to the findings. Prophylactic antibiotics may be considered for the reassessment period.

- Who have demonstrated ongoing bacterial susceptibility over the previous 12 months, or clinically active bronchiectasis. These patients may continue to receive IVIg under the diagnosis of IgG subclass deficiency as the risk of IVIg cessation is unknown. Physicians are asked to consider cessation of IVIg over summer and re-evaluation of immune function, as there may be alternative causes for infectious susceptibility.
- IgG trough levels are of no value in this setting.
- Please also refer to FAQ 5a