

Dear colleague:

Changes to Medicare's reimbursement program have made treating patients who suffer from primary immunodeficiency diseases (PI) with intravenous immunoglobulin (IVIG) an increasingly complex endeavor as reimbursement rates decline and costs for treatment continue to surge.

The rising cost of treatment has created an unwelcome dilemma for many patients and their physicians and raises the following question: At what point do patients cease treatment because they can no longer afford it?

More than 95 percent of members of the American Academy of Allergy, Asthma and Immunology who responded to an anonymous survey completed in May 2006 said the current reimbursement standards present a risk to the health of their patients with PI. The AAAAI's Primary Immunodeficiency Committee has responded to that concern by creating several sources for use in your practice that substantiate the safe, effective, and appropriate use of IVIG for PI. This IVIG tool kit can be used to educate those who are responsible for coverage determinations as you highlight the importance of IVIG in order to provide optimal patient care.

The Primary Immunodeficiency Committee has compiled a practice paper on the appropriate use of IGIV which highlights the six US Food and Drug Administration (FDA) indications for IGIV:

- Treatment of primary immunodeficiencies;
- Prevention of bacterial infection in patients with hypogammaglobulinemia due to B cell chronic lymphocytic leukemia;
- Prevention of coronary artery aneurysms in Kawasaki disease;
- Prevention of infections and graft versus host disease after bone marrow transplantation;
- Reduce serious bacterial infection in HIV-infected children; and
- Increasing platelet count in idiopathic thrombocytopenic purpura to prevent bleeding.

The practice paper also includes information on the variety of products, issues in dosing, and a description of infusion methods, as well as the unrecognized uses of IGIV. This practice paper can be accessed on the AAAAI's Web site at www.aaaai.org/media/resources/academy_statements/practice_papers/

Another resource is "*Use of intravenous immunoglobulin in human disease: A review of evidence by members of the primary immunodeficiency committee of the American Academy of Allergy, Asthma and Immunology*" which was published as a supplement to the *Journal of Allergy and Clinical Immunology* in April 2006. This paper reviews the evidence underlying a wide variety of IVIG uses and makes specific recommendations on the basis of this data.

The Primary Immunodeficiency Committee feels that no patient should discontinue this life-saving treatment because of cost. Through a combined effort to educate both insurers and the public about the necessity of IVIG for patients with PI, change can be enacted and patients able to continue treatment. If you have any questions about either the practice paper or the April 2006 Primary Immunodeficiency paper, or IVIG reimbursement please contact **NAME**.

Sincerely,

NAME