



MEDICAL POLICY

Date Reviewed: 04/28/00, 05/26/00, 06/23/03, 04/28/06, 04/24/09, 04/28/10, 04/15/11

Subject: Intravenous Immunoglobulin (IVIG) for Treatment of Repeated Spontaneous Abortion (RSA)

Description: Intravenous immune globulins have been used as a treatment for recurrent spontaneous abortion (defined as two or more consecutive pregnancies resulting in a spontaneous abortion prior to twenty weeks of gestational age). It has been suggested that the causes of RSA may be due to either maternal immunologic abnormalities that may be toxic to the fetus or ineffective maternal antibodies that are responsible for preventing immunologic rejection of the fetus. IVIG has been investigated as a treatment to minimize these conditions and prevent RSA.

Indications of Coverage:

None

Limitations of Coverage:

Review contract and endorsements for exclusions and prior authorization or benefit requirements.

If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental or investigative.

If used for a condition/diagnosis that is listed in the Indications of Coverage, but the criteria are not met, deny as not medically necessary.

The use of IVIG for the treatment of RSA is considered investigational as there is insufficient peer-reviewed scientific literature supporting this treatment.

Documentation required:

Office notes

Rationale: The use of intravenous immunoglobulin to maintain pregnancy in patients with a history of repeated spontaneous abortion (miscarriage) has been tested in a number of clinical studies. Theories propose that this would reduce the number of cells that are thought to increase the tendency to spontaneous abortion. However, the studies have not yet established the efficacy of this treatment, and further testing has been recommended.

References: American College of Obstetricians and Gynecologists (ACOG). Management of recurrent early pregnancy loss. Washington (DC): American College of Obstetricians and Gynecologists (ACOG); 2001 Feb. 12 p. (ACOG practice bulletin; no. 24).

American Society for Reproductive Medicine (ASRM). Intravenous immunoglobulin (IVIG) and recurrent spontaneous pregnancy loss. A Practice Committee Report. Birmingham, AL: ASRM. 2006. Available at: [www.asrm.org/uploadedFiles/ASRM_Content/News_and_Publications/Practice_Guidelines/Committee_Opinions/intravenous_immunoglobulin\(1\).pdf](http://www.asrm.org/uploadedFiles/ASRM_Content/News_and_Publications/Practice_Guidelines/Committee_Opinions/intravenous_immunoglobulin(1).pdf). Accessed: 24 Mar 11.

Christiansen OB, Nielsen HS. Intravenous immunoglobulin in the prevention of recurrent miscarriage: does it work? *Chem Immunol Allergy*. 2005;88:117-27.

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Jauniaux E, Farquharson RG, Christiansen OB, Exalto N. Evidence-based guidelines for the investigation and medical treatment of recurrent miscarriage. *Human Reproduction* Vol.21, No.9 pp. 2216–2222, 2006.

Porter TF, LaCoursiere Y, Scott JR. Immunotherapy for recurrent miscarriage. *Cochrane Database Syst Rev*. 2006 Apr 19;(2):CD000112.

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Approved by the Medical Director