

Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) Prior Authorization Checklist

Please note: Information provided in this toolkit is based on a review of major payer reimbursement policies. Criteria listed are from EAN/PNS* 2021 Guideline on Diagnosis and Treatment of CIDP. Payer coverage varies. Please check your patient's payer policy for more specific guidance on clinical information required.

Clinical¹

Required by major payers

- ☐ Comprehensive history and physical
- ☐ Progressive symptoms developing over at least 8 weeks
- ☐ Finding of absence or reduced tendon reflexes in all limbs
- ☐ Progressive or relapsing, symmetric, proximal and distal muscle weakness of upper and lower limbs and sensory involvement of at least two limbs
- ☐ List other treatments that have been tried (not required by all payers):

List your expected treatment dose, frequency, and intended duration:

Electrodiagnostic Findings¹

Include all test results that apply. Payer criteria may vary. Electrodiagnostics (nerve conduction studies) must include both motor and sensory conduction studies to define the diagnostic categories of typical CIDP and CIDP variants.

Motor Nerve Conduction Criteria

Proof of demyelination with at least one of the following:

- ☐ Motor distal latency prolongation $\geq 50\%$ above ULN in 2 nerves, or
- ☐ Reduction of motor conduction velocity $\geq 30\%$ below LLN in 2 nerves, or
- ☐ Prolongation of F-wave latency $\geq 20\%$ above ULN in 2 nerves, or
- ☐ Absence of F-waves in 2 nerves + ≥ 1 other demyelinating parameter* in ≥ 1 other nerve, or
- ☐ Motor conduction block in 2 nerves, or
- ☐ Motor conduction block in one nerve + ≥ 1 other demyelinating parameter* (except absence of F-waves) in ≥ 1 other nerve, or
- ☐ Abnormal temporal dispersion in ≥ 2 nerves, or
- ☐ Distal compound muscle action potential (CMAP) prolongation in ≥ 1 nerve + ≥ 1 other demyelinating parameter* in ≥ 1 other nerve

*Any nerve meeting any of the criteria listed above.

Sensory Nerve Conduction Criteria

- ☐ Sensory conduction abnormalities in 2 nerves
- ☐ If only one nerve involved, see additional documentation below

In patients suspected of having typical CIDP because they fulfill clinical criteria but not minimal electrodiagnostic criteria, the diagnosis of possible typical CIDP may be made if there is objective improvement following treatment with IVIg, corticosteroids, or plasma exchange and if at least one additional supportive criterion (PICO 2-4, 6) is fulfilled.

Documentation for Supporting Possible CIDP¹

Please note, patients who fulfill electrodiagnostic criteria for a diagnosis of typical CIDP should not require further supportive criteria according to improvement following a trial treatment with IVIg.

Patients who fulfill clinical criteria for CIDP, but whose electrodiagnostic criteria only allow for possible CIDP, may require supportive documentation that may include some of the following:

- ☐ Objective measurements such as Inflammatory Neuropathy Cause and Treatment (INCAT) score, Medical Research Council (MRC) Scale, Rankin score, Inflammatory Rasch-built Overall Disability Scale (I-RODS), and grip strength
- ☐ Objective response/improvement to trial treatment with IVIG, plasma exchange (PLEX), or steroid
- ☐ Cerebrospinal fluid (CSF) examination results
- ☐ Imaging studies (i.e. MRI or Ultrasound)
- ☐ Time up and go (TUG)
- ☐ Documentation of other potential causes of demyelinating neuropathy that have been ruled out
- ☐ Nerve biopsy (only in specific circumstances)

*EAN/PNS = European Academy of Neurology/Peripheral Nerve Society; LLN, lower limit of normal; ULN, upper limit of normal.

CSL Behring's Hizentra ConnectSM and Privigen ConnectSM Hotline: 1-877-355-4447

This prior authorization checklist was created based on major payer policies and should not be considered specific to one particular plan. For plan-specific questions, please contact CSL Behring's Hizentra Connect or Privigen Connect Hotline.

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Supplemental Documentation

Helpful but not mandated by payers.

- ☐ Letter of Medical Necessity
- ☐ Peer-reviewed literature
- ☐ EAN/PNS Guideline

Continued Treatment / Reauthorization

- ☐ Documentation of positive or maintained clinical response as measured by an objective scale such as INCAT score, grip strength via a hand-held dynamometer, I-RODS, or MRC scale
- ☐ Documentation of improved sensory function, if appropriate
- ☐ Documentation of attempted dose titration
- ☐ Expected dose, frequency and duration of continued treatment:

Call CSL Behring's Access and Reimbursement Hotline



1-877-355-4447 | Monday–Friday, 8 AM to 8 PM ET

Hizentra Connect and Privigen Connect can help with access and reimbursement support such as:

- Prior authorization guidance
- Coding and billing information
- Validation of active insurance coverage
- Connection to a Field Reimbursement Agent

Reference: 1. Van den Bergh PYK, van Doorn PA, Hadden RDM, et al. European Academy of Neurology/Peripheral Nerve Society guideline on diagnosis and treatment of chronic inflammatory demyelinating polyradiculoneuropathy: Report of a joint Task Force—Second revision. *Eur J Neurol.* 2021;1–28. <https://doi.org/10.1111/ene.14959>.