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3 **Title:** Guaranteed Access to Subcutaneous Immune Globulin Therapy  
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5 **Introduced by:** Lawrence R. Hennessey, MD, for the Michigan Allergy and Asthma Society  
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7 **Original Author:** Lawrence R. Hennessey, MD  
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9 **Referred To:** Reference Committee A  
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11 **House Action:** **APPROVED**  
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14       Whereas, subcutaneous immune globulin is considered to be standard treatment for  
15 immune globulin deficiency and is considered to be safer, more convenient and more cost effective  
16 than intravenous immune globulin as it can be self-infused at home, and may be more effective  
17 than intravenous immune globulin for certain patients, and  
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19       Whereas, certain insurers are denying access to subcutaneous immune globulin to patients,  
20 requiring them to undergo intravenous infusions at an outpatient infusion center, which would limit  
21 access to care for patients in remote rural areas, and which would force patients to incur the risk of  
22 side effects and interruption in treatment, and  
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24       Whereas, determining the route of administration of immune globulin replacement therapy  
25 should be based on a shared decision between the patient and their physician, and  
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27       Whereas, the Medicare IVIG Access and Strengthening Medicare and Repaying Taxpayers  
28 Act of 2012 supports the concept that patients should have access to immune globulin therapy via  
29 the route that is deemed most appropriate for them; therefore be it  
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31       RESOLVED: That MSMS affirms the decision to administer subcutaneous versus intravenous  
32 immune globulin in the treatment of immune globulin deficiency should be left to the discretion of  
33 the patient and their physician and not to the patient’s insurer; and be it further  
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35       RESOLVED: That MSMS opposes insurers limiting access to indicated therapy that would be  
36 the safest, most effective, and most convenient option for treatment of immune globulin  
37 deficiency; and be it further  
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39       RESOLVED: That MSMS opposes insurers requiring patients to first undergo intravenous  
40 immune globulin therapy and only be allowed to receive subcutaneous immune globulin therapy  
41 after first suffering debilitating and potentially dangerous side effects; and be it further  
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43       RESOLVED: That MSMS affirms the decision to proceed with subcutaneous versus  
44 intravenous immune globulin therapy should be a choice made by the patient and their physician  
45 without third party interference.  
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## **Relevant MSMS Policy**

### **Determination of Medical Necessity of Medical Case Management**

The treating physician shall be the sole determinant of medical case management and medical necessity. MSMS believes that an insurer, a health care corporation or a government agency may not interfere with the patient/physician relationship by determining medical necessity or medical case management without a fair and reasonable appeals process and independent binding arbitration in a timely fashion.

### **Physician's Rights in Treatment Decisions**

Neither physicians, hospitals nor hospital personnel shall be required to perform any act that violates good medical judgment or is contrary to moral principles of the individual. In such circumstances, the physician or other professional may withdraw from the case as long as the withdrawal is consistent with good medical practice.

## **Relevant AMA Policy**

### **Protecting the Patient-Physician Relationship H-165.837**

Our AMA: (1) supports protecting the patient-physician relationship by continuing to advocate for: the obligation of physicians to be patient advocates; the ability of patients and physicians to privately contract; the viability of the patient-centered medical home; the use of value-based decision-making and shared decision-making tools; the use of consumer-directed health care alternatives; the obligation of physicians to prioritize patient care above financial interests; and the importance of financial transparency for all involved parties in cost-sharing arrangements; and (2) will continue to advocate protecting the patient-physician relationship in the context of bundled payment methodologies, comparative effectiveness research and physician profiling.

### **Interference in the Practice of Medicine D-125.997**

Our AMA shall initiate action by whatever means to bring a halt to the interference in medical practice by pharmacy benefit managers and others.