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To whom it may concern:

I am writing to request reconsideration of the LCD A59105 regarding the use of immune globulin (IVIG) therapy to include the diagnosis code G93.49 (other encephalopathy). Susac Syndrome (ICD-10 code of G93.49) is a rare autoimmune vasculopathy affecting the eyes, ears, and the brain leading to visual disturbances, hearing loss, and encephalopathy. The condition is progressive and can result in significant neurological, visual, and auditory impairments if not properly managed.¹

Rationale for IVIG Use in Susac Syndrome:

- IVIG modulates the immune response, reducing the production of harmful autoantibodies that attack the microvasculature in Susac Syndrome, thereby minimizing further damage to the brain, eyes, and ears.²
- IVIG is considered a key component in managing Susac Syndrome. Clinical studies support IVIG as an effective treatment that can stabilize or improve neurological and sensory function in patients, preventing irreversible damage.²⁻⁴
- Guidelines recommend IVIG as part of the standard treatment for Susac Syndrome. Its use is crucial in controlling disease activity, particularly in patients who don't respond adequately to steroids alone. Additionally, IVIG has a better long-term safety profile compared to alternative agents.³

IVIG is a medically necessary treatment for Susac Syndrome, supported by clinical evidence and expert guidelines. It is critical for preventing disease progression and minimizing permanent damage. Therefore, I request reconsideration of LCD A59105 so that diagnosis code G93.49 is added for patients with Susac Syndrome.

Thank you in advance for your consideration.

Greg Norsten, PharmD, MS

References:

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2. Marrodan M, Fiol MP, Correale J. Susac syndrome: challenges in the diagnosis and treatment. *Brain*. 2022;145(3):858-871.
3. Rennebohm RM, Asdaghi N, Srivastava S, Gertner E. Guidelines for treatment of Susac syndrome - An update. *Int J Stroke*. 2020;15(5):484-494.
4. Egan RA. Diagnostic criteria and treatment algorithm for Susac syndrome. *J Neuroophthalmol*. 2019;39(1):60-67.

Your partner for good

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