

**Table 2. Acceptable Indications For IVIG Use**

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**Hematologic Indications:**

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1. Acquired red cell aplasia
2. Acquired hypogammaglobinemia secondary to malignancy, e.g. CLL, myeloma
3. Fetal-neonatal allo-immune thrombocytopenia
4. Hemolytic disease of the newborn with hyperbilirubinemia
5. HIV associated thrombocytopenia
6. ITP
7. Post-transfusion purpura
8. Only in urgent or life threatening circumstances in the following:
  - Acquired hemophilia
  - Acquired von Willebrand disease
  - Auto-immune hemolytic anemia
  - Auto-immune neutropenia
  - Hemolytic transfusion reaction
  - Hemolytic transfusion reaction in sickle cell disease
  - HUS/TTP
  - Virus associated hemophagocytic syndrome (VAHS)

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**Neurologic Indications:**

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1. Acute disseminated encephalomyelitis (ADEM), failed steroids or relapsing
2. Chronic inflammatory demyelinating polyneuropathy (CIDP)
3. Dermatomyositis
4. Guillaine Barre syndrome
5. Lambert Eaton myasthenic syndrome (LEMS)
6. Multifocal motor neuropathy
7. Multiple sclerosis, relapsing/remitting, failed standard therapy
8. Myasthenia gravis
9. Opsoclonus/myoclonus
10. Pediatric auto-immune neuropsychiatric disorder associated with strep infection (PANDAS)
11. Polymyositis
12. Rasmussen encephalitis
13. Stiff person syndrome, failed GABAergic medications
14. Other indications:
  - Pediatric HIV
  - Kawasaki disease
  - Miscarriage, recurrent auto-immune
  - Necrotizing fasciitis
  - Juvenile rheumatoid arthritis
  - Staphylococcal toxic shock syndrome
  - Renal rejection, acute
  - Immunodeficiency: Combined immunodeficiency disorder
    - Agammaglobinemia
    - Hyper IgM deficiency
    - IgG subclass deficiency

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See Robinson P, Anderson D et al<sup>15</sup> for further detail on hematologic and neurologic indications