

IMMUNE GLOBULIN PA SUMMARY

PREFERRED	CMV-IGIV: CytoGam (cytomegalovirus Immune Globulin); IVIG: Carimune, Gamimune, Gammagard, Gammar, Gamunex, Iivegam, Polygam, Venoglobulin (Immune Globulin IV); SCIG: Vivaglobin (Immune Globulin Subcutaneous) HBIG: HepaGam B (Hepatitis B Immune Globulin)
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LENGTH OF AUTHORIZATION: 1 Year

NOTE: *If medication is being administered in a physician's office, then it must be billed through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program can be located at www.ghp.georgia.gov*

PA CRITERIA:

- ❖ IGIV is approvable for the following diagnoses:
 - Primary immunodeficiency
 - Pediatric (age <18) HIV (AIDS)
 - Chronic lymphocytic leukemia
 - Kawasaki disease
 - Chronic inflammatory demyelinating polyneuropathies
 - Idiopathic thrombocytopenic purpura (ITP)
- ❖ CMV-IGIV (CytoGam) is approvable for the following diagnoses:
 - Prevention of CMV disease in members undergoing transplantation of kidney, lung, liver, pancreas, or heart
 - Prevention of CMV in recipients of a bone marrow allograft
 - Treatment of CMV pneumonitis in combination with ganciclovir in recipients of a bone marrow allograft
- ❖ SCIG (Vivaglobin) is approvable for members with primary immune deficiency who have experienced infusion reactions with IGIV or problems with IV access.
- ❖ HBIG (HepaGam B) is approvable for prevention of hepatitis B recurrence following liver transplantation.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.ghp.georgia.gov, select the Provider Information tab, click on "view full text" in the Pharmacy Services box, click on "Prior Approval Process" in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.