# GEORGIA MEDICAID FEE-FOR-SERVICE
## IMMUNE GLOBULINS PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CMV-IGIV</strong></td>
<td></td>
</tr>
<tr>
<td>CytoGam</td>
<td>N/A</td>
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<tr>
<td><strong>IGIV/IVIG</strong></td>
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<tr>
<td>Gammagard</td>
<td>Bivigam</td>
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<tr>
<td>Gamunex</td>
<td>Carimune</td>
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<tr>
<td></td>
<td>Flebogamma</td>
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<td></td>
<td>Gammaked</td>
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<td>Gammaplex</td>
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<td>Octagam</td>
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<td></td>
<td>Panzyga</td>
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<td></td>
<td>Privigen</td>
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<tr>
<td><strong>IGSC/SCIG</strong></td>
<td></td>
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<tr>
<td>Gammagard</td>
<td>Cutaquig</td>
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<tr>
<td>Gamunex</td>
<td>Cuvitru</td>
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<tr>
<td></td>
<td>Gammaked</td>
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<td></td>
<td>Hizentra</td>
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<td></td>
<td>Hyqvia</td>
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<td><strong>HBIG</strong></td>
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<tr>
<td>N/A</td>
<td>HepaGam B</td>
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<tr>
<td><strong>IGIM/IMIG</strong></td>
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<tr>
<td>N/A</td>
<td>GamaSTAN</td>
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</table>

The drug names above include all available intravenous or subcutaneous formulations under the same primary name.

**LENGTH OF AUTHORIZATION:** 1 year

**NOTES:**
- All products require prior authorization (PA).
- **The criteria details below are for the outpatient pharmacy program.** If a medication is being administered in a physician’s office or clinic, then the medication must be billed through the DCH physician services program and not the outpatient pharmacy program. Information regarding the physician services program is located at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).

**PA CRITERIA:**

**CMV-IGIV: CytoGam**
- Approvable for members with the following diagnoses:
- Prevention of cytomegalovirus (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.

**IGIV/IVIG: Bivigam, Carimune, Flebogamma, Gammagard, Gammaked, Gammaplex, Gamunex, Octagam, Panzyga, Privigen**

- Approvable for members with the following diagnoses:
  - Primary immunodeficiency (PI)
  - Pediatric (age <18) HIV (AIDS)
  - Chronic lymphocytic leukemia (CLL)
  - Kawasaki disease (KD)
  - Chronic inflammatory demyelinating polyneuropathy (CIDP)
  - Idiopathic thrombocytopenic purpura (ITP)
  - Multifocal motor neuropathy (MMN)

**AND**
- Members must have received at least one dose under medical supervision

**AND**
- For Bivigam, Carimune, Flebogamma, Gammaked, Gammaplex, Octagam, Panzyga and Privigen, members must have experienced an inadequate response, allergies, contraindications or intolerable side effects to Gammagard and Gamunex.

**IGSC/SCIG: Gammagard, Gammaked, Gamunex**

- Approvable for members with primary immunodeficiency

**AND**
- Members must have received at least one dose under medical supervision

**AND**
- For Gammaked, members must have experienced an inadequate response, allergies, contraindications or intolerable side effects to Gammagard and Gamunex.

**IGSC/SCIG: Cutaquig, Cuvitru, Hizentra, Hyqvia**

- Approvable for members with primary immunodeficiency or chronic inflammatory demyelinating polyneuropathy

**AND**
- Members must have received at least one dose under medical supervision

**AND**
- Members must have experienced an inadequate response, allergies, contraindications or intolerable side effects to Gammagard and Gamunex.

**HBIG: HepaGam B**

- Approvable for members requiring prevention of hepatitis B recurrence following liver transplantation.

**IGIM/IMIG: GamaSTAN S/D**

- Approvable for members with immunoglobulin deficiency

**AND**
- Members must have received at least one dose under medical supervision

**AND**
Members who are candidates for intravenous or subcutaneous administration must have experienced an inadequate response, allergies, contraindications or intolerable side effects to Gammagard and Gamunex.

EXCEPTIONS:

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

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to [http://dch.georgia.gov/preferred-drug-lists](http://dch.georgia.gov/preferred-drug-lists).

PA and APPEAL PROCESS:

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on **Other Documents**, then select the most recent quarters QLL List.