



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

Preferred	Non-Preferred
CMV-IGIV	
CytoGam	N/A
IGIV/IVIG	
Gammagard Gamunex	Bivigam Carimune Flebogamma Gammaked Gammaplex Octagam Panzyga Privigen
IGSC/SCIG	
Gammagard Gamunex	Cutaquig Cuvitru Gammaked Hizentra Hyqvia
HBIG	
N/A	HepaGam B
IGIM/IMIG	
N/A	GamaSTAN

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.

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>.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to 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, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.