



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

<b>Preferred</b>	<b>Non-Preferred</b>
<b><i>CMV-IGIV</i></b>	
CytoGam	N/A
<b><i>IGIV/IVIG</i></b>	
Gammagard Gamunex	Bivigam Flebogamma Gammaked Gammaplex Octagam Panzyga Privigen
<b><i>IGSC/SCIG</i></b>	
Gammagard Gamunex Hizentra	Cutaquig Cuvitru Gammaked Hyqvia Xembify
<b><i>HBIG</i></b>	
N/A	HepaGam B
<b><i>IGIM/IMIG</i></b>	
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 PA criteria below is for Pharmacy Services only.**  
Physicians administering medication in a clinic or office must bill the drug through Physician Services and not through Pharmacy Services. Information regarding the Providers' Administered Drug List (PADL) is located at [www.mmis.georgia.gov](http://www.mmis.georgia.gov) and log in to request coverage from Physician Services.

**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, 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)
  - Dermatomyositis
  - Guillain-Barre syndrome
  - Moderate to severe myasthenia gravis
  - Lambert-Eaton myasthenic syndrome; *AND*
- ❖ Members must have received at least one dose under medical supervision.
- ❖ In addition for Bivigam, 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: Cutaquig, Cuvitru, Gammagard, Gammaked, Gamunex, Hizentra, Hyqvia, Xembify

- ❖ Approvable for members with primary immunodeficiency or chronic inflammatory demyelinating polyneuropathy (CIDP); *AND*
- ❖ Members must have received at least one dose under medical supervision.
- ❖ In addition for Hizentra, members must have experienced an inadequate response, allergies, contraindications or intolerable side effects to Gammagard and Gamunex.
- ❖ In addition for Cutaquig, Cuvitru, Gammaked, Hyqvia and Xembify, members must have experienced an inadequate response, allergies, contraindications or intolerable side effects to Gammagard, Gamunex and Hizentra.

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 who are not candidates for intravenous or subcutaneous administration; otherwise, members must have experienced an inadequate response, allergies, contraindications or intolerable side effects to Gammagard and Gamunex
- ❖ Members must have received at least one dose under medical supervision.

**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](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.