



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

Preferred	Non-Preferred
<i>CMV-IGIV</i>	
CytoGam	N/A
<i>IGIV/IVIG</i>	
Gammagard Gamunex	Bivigam Flebogamma Gammaked Gammaplex Octagam Panzyga Privigen
<i>IGSC/SCIG</i>	
Gammagard Gamunex Hizentra	Cutaquig Cuvitru Gammaked Hyqvia Xembify
<i>HBIG</i>	
N/A	HepaGam B
<i>IGIM/IMIG</i>	
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 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, Gammalex, 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, Gammalex, 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 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.