



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

PREFERRED	<p>CMV-IGIV: CytoGam (Cytomegalovirus Immune Globulin) IGIV/IVIG: Bivigam, Carimune NF, Flebogamma DIF, Gammagard, Gammaked, Gammaplex, Gamunex-C, Octagam, Privigen (Immune Globulin Intravenous) SCIG: Gammagard, Gamunex-C, Hizentra, Hyqvia (Immune Globulin Subcutaneous) HBIG: HepaGam B (Hepatitis B Immune Globulin) IGIM/IMIG: GamaSTAN S/D (Immune Globulin Intramuscular)</p>
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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.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 NF, Flebogamma DIF, Gammagard, Gammaked, Gammaplex, Gamunex-C, Octagam, Privigen

- ❖ Approvable for members with the following diagnoses:
 - Primary immunodeficiency
 - Pediatric (age <18) HIV (AIDS)
 - Chronic lymphocytic leukemia
 - Kawasaki disease
 - Chronic inflammatory demyelinating polyneuropathies
 - Idiopathic thrombocytic purpura (ITP)
 - Multifocal motor neuropathy (MMN)

AND

- ❖ Member must have received at least one dose under medical supervision.

SCIG: Gammagard, Gamunex-C, Hizentra, Hyqvia

- ❖ Approvable for members with primary immune deficiency

AND

- ❖ Member must have received at least one dose under medical supervision.

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.

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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.