

## IMMUNE GLOBULIN PA SUMMARY

<b>PREFERRED</b>	<p><b>CMV-IGIV:</b> CytoGam (Cytomegalovirus Immune Globulin);  <b>IVIG:</b> Carimune NF, Flebogamma, Gammagard, Gammaplex, Gamunex, Gamunex-C, Privigen, (Immune Globulin IV);  <b>SCIG:</b> Gammagard, Gamunex-C, Hizentra, Vivaglobin (Immune Globulin Subcutaneous)  <b>HBIG:</b> HepaGam B (Hepatitis B Immune Globulin)  <b>IGIM:</b> GamaSTAN S/D Injection (Human 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](http://www.mmis.georgia.gov)*

**PA CRITERIA:**

- ❖ IGIV (Carimune NF, Flebogamma, Gammagard, Gammaplex, Gamunex, Gamunex-C, Privigen) is 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
  - Have received at least one dose of the product under medical supervision.
- ❖ CMV-IGIV (CytoGam) is approvable for members with the following diagnoses:
  - Prevention of 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
- ❖ SCIG (Gammagard, Gamunex-C, Hizentra, Vivaglobin) is approvable for members with primary immune deficiency and have received at least one dose of the product under medical supervision.
- ❖ HBIG (HepaGam B) is approvable for members requiring prevention of hepatitis B recurrence following liver transplantation.
- ❖ IGIM (GamaSTAN S/D) is 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 **Catamaran at 1-866-525-5827**.

**PA and Appeal Process:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

**Quantity Level Limitations:**

- ❖ For online access to the current Quantity Level Limits please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.