

This document applies to the following:

Formulary	Applies
Standard Control (SF)	<input checked="" type="checkbox"/>
Standard Control – Choice (SCCF)	<input checked="" type="checkbox"/>
Preferred Drug Plan Design (PDPD)	<input type="checkbox"/>
Advanced Control Specialty (ACSF)	<input checked="" type="checkbox"/>
Advanced Control Specialty – Choice (ACSCF)	<input checked="" type="checkbox"/>
Managed Medicaid Template (MMT)	<input type="checkbox"/>
Marketplace (MF)	<input type="checkbox"/>
Aetna Small Group Affordable Care Act (SG ACA)	<input type="checkbox"/>
Aetna Health Exchange (AHE)	<input type="checkbox"/>
Aetna Individual Lives (IVL)	<input type="checkbox"/>
Value (VF)	<input type="checkbox"/>

Formulary	Applies
New to Market (NTM)	<input type="checkbox"/>
Standard Formulary Chart (SFC)	<input type="checkbox"/>
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	<input type="checkbox"/>
Advanced Control Specialty Formulary Chart (ACSFC)	<input type="checkbox"/>
Value Formulary Chart (VFC)	<input type="checkbox"/>
Medical Benefit	<input type="checkbox"/>
Medical Benefit: Advanced Biosimilars First	<input type="checkbox"/>
Medical Benefit: Managed Medicaid (MMMB)	<input type="checkbox"/>
Medicare Part B	<input type="checkbox"/>
Medicare Part B: Advanced Biosimilars First	<input type="checkbox"/>

Exceptions Criteria

Immune Globulins

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Standard Control Formulary (SF), Standard Control – Choice Formulary (SCCF), Advanced Control Specialty Formulary (ACSF), Advanced Control Specialty – Choice Formulary (ACSCF).

Plan Design Summary

This program applies to the immune globulin products specified in this document. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This criteria applies to all members requesting treatment with a targeted product.

Each referral is reviewed based on all utilization management (UM) criteria implemented for the client.

Table. Immune Globulin Products

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

	Product(s)
Preferred	<ul style="list-style-type: none"> • Bivigam • Flebogamma DIF • Gammagard Liquid • Gammagard S/D • Gammaked • Gammaplex • Gamunex-C • Privigen
Targeted	<ul style="list-style-type: none"> • Alyglo • Asceniv • Octagam • Panzyga

Exception Criteria

This criteria applies to members requesting treatment for an indication that is FDA-approved for the preferred products.

Coverage for a targeted product is provided when the member has a documented inadequate response or intolerable adverse event with at least 3 of the preferred products.

References

1. Alyglo [package insert]. Teaneck, NJ: GC Biopharma USA, Inc.; December 2023.
2. Asceniv [package insert]. Boca Raton, FL: ADMA Biologics; April 2019.
3. Bivigam [package insert]. Boca Raton, FL: ADMA Biologics; March 2024.
4. Flebogamma 10% DIF [package insert]. Los Angeles, CA: Grifols Biologicals, Inc.; September 2019.
5. Flebogamma 5% DIF [package insert]. Los Angeles, CA: Grifols Biologicals, Inc.; September 2019.
6. Gammagard Liquid [package insert]. Westlake Village, CA: Baxalta US Inc.; January 2024.
7. Gammagard S/D [package insert]. Lexington, MA: Baxalta US Inc.; March 2023.
8. Gammaked [package insert]. Research Triangle Park, NC: Grifols Therapeutics LLC; January 2020.
9. Gammaplex 5% [package insert]. Hertfordshire, United Kingdom: Bio Products Laboratory; November 2021.
10. Gammaplex 10% [package insert]. Hertfordshire, United Kingdom: Bio Products Laboratory; November 2021.
11. Gamunex-C [package insert]. Research Triangle Park, NC: Grifols Therapeutics Inc.; January 2020.
12. Octagam 10% [package insert]. Hoboken, NJ: Octapharma USA, Inc.; April 2022.

Reference number(s)
6185-D

13. Octagam 5% [package insert]. Hoboken, NJ: Octapharma USA, Inc.; April 2022.
14. Panzyga [package insert]. Hoboken, NJ: Octapharma USA.; February 2021.
15. Privigen [package insert]. Kankakee, IL: CSL Behring LLC; March 2022.