

The following medications are included in this program:

Asceniv, Bivigam, Carimune NF, Cutaquig, Cuvitru, Flebogamma, Gammagard Liquid, Gammagard S/D, Gammaked, Gammaplex, Gamunex-C, Hizentra, HyQvia, Octagam, Panzyga, Privigen, and Xembify

PART B PRIOR AUTHORIZATION CRITERIA FOR APPROVAL

Initial Evaluation

The requested medication will be approved when ALL of the following are met:

1. ONE of the following:
 - A. The patient has an FDA labeled indication for the requested medication

OR

 - B. The patient has an indication that is supported in CMS approved compendia for the requested medication
- AND**
2. The patient does NOT have any FDA labeled contraindications to the requested medication
- AND**
3. The requested dose is within the FDA labeled or CMS approved compendia dosing for the requested indication

Length of Approval: up to 12 months

Renewal Evaluation

The requested medication will be approved when ALL of the following are met:

1. The patient has been previously approved for the requested medication through the plan's Prior Authorization criteria
- AND**
2. ONE of the following:
 - A. The patient has an FDA labeled indication for the requested medication

OR

 - B. The patient has an indication that is supported in CMS approved compendia for the requested medication
- AND**
3. The patient has had clinical benefit with the requested medication
- AND**
4. The patient does NOT have any FDA labeled contraindications to the requested medication
- AND**
5. The requested dose is within the FDA labeled or CMS approved compendia dosing for the requested indication

Length of Approval: 12 months

NOTES:

- These criteria apply to immune globulin medications that are not administered in the home.
- Length of approval may be shorter due to provider network participation status.
- Coverage of one Medicare Part B medication could equate to multiple medication authorizations when they share the same Medicare Part B criteria.
- LCD/NCD criteria review completed, if applicable, in addition to the Plan's Medicare Part B criteria.