

**CRITERIA FOR PRIOR AUTHORIZATION**

Intravenous Immune Globulins (IVIGs)

**PROVIDER GROUP** Pharmacy  
Professional

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Immune globulin (human) intravenous (Bivigam®)  
Immune globulin (human) intravenous (Carimune NF®)  
Immune globulin (human) intravenous (Flebogamma DIF®)  
Immune globulin (human) intravenous (Gammagard S/D®)  
Immune globulin (human) intravenous (Gammaplex®)  
Immune globulin (human) intravenous (Octagam®)  
Immune globulin (human) intravenous (Privigen®)  
Immune globulin (human) intravenous/subcutaneous (Gammagard®)  
Immune globulin (human) intravenous/subcutaneous (Gammaked®)  
Immune globulin (human) intravenous/subcutaneous (Gamunex-C®)  
Immune globulin (human) subcutaneous (Hizentra®)

**CRITERIA FOR PRIOR AUTHORIZATION FOR INTRAVENOUS IMMUNE GLOBULINS:**

Patient must have one of the following diagnoses for chronic use:

- Primary immune deficiency
- Idiopathic thrombocytopenic purpura (ITP)
- B-cell chronic lymphocytic leukemia
- Chronic demyelinating polyneuropathy
- Dermatomyositis
- Bone marrow transplant
- Human Immunodeficiency Virus (HIV)
- Polymyositis
- Autoimmune mucocutaneous blistering diseases
- Multiple Sclerosis
- Hemolytic anemia
- Solid organ transplant
- Lambert Eaton
- Multifocal motor neuropathy

**LENGTH OF APPROVAL:** 12 months

PA Criteria

Patient must have one of the following diagnoses for acute treatment:

- Fetal or neonatal alloimmune thrombocytopenia
- Sepsis treatment
- Stevens Johnson
- Toxic shock
- Neonates (infection/sepsis prevention)
- Rotavirus enterocolitis
- Encephalitis (anti-NMDA or meningoencephalitis)
- Guillain Barre Syndrome
- Kawasaki Disease
- Myasthenia gravis
- Stiff man syndrome
- Parvovirus B19
- Graves ophthalmopathy
- Autoimmune uveitis
- Neuropathy (paraprotein associated)

**LENGTH OF APPROVAL:** 1 month