

**\*\*Pharmacy Provider Notice #285–Immune Globulins (IVIG, SCIG) Criteria Change\*\***

**December 8<sup>th</sup>, 2022**

Please be advised that the Department for Medicaid Services (DMS) is making the following changes to the Point-of-Sale (POS) messaging and Clinical Criteria for immune globulin (IVIG, SCIG) products. Intravenous immune globulin products will no longer reject at POS as a “medical only” medication, they will now require a prior authorization. A patient must meet the clinical criteria AND the product must be administered at home for the prior authorization to be approved for pharmacy coverage.

**On January 19<sup>th</sup>, 2023 the following clinical criteria changes will be effective:**

**IMMUNE GLOBULINS (IVIG)**

**Criteria for Approval:**

- The medication is being administered by a home infusion provider.
- For a claim to process at POS, the recipient must have a billed diagnosis for an indication found in Table A in the last 1 year.
- Recipients without a billed diagnosis from Table A will require a prior authorization request to be submitted by the provider.
- The requestor must submit the following:
  - Current chart notes
  - Diagnosis requiring immune globulin
  - Rationale or clinical support for use
  - Request must meet off label criteria (if diagnosis not listed in table A)

**Table A**

FDA-Approved and Non-FDA Supported Immune Globulin Indications	
FDA-Approved Indications	Supported Non-FDA-Approved Indications
Primary Humoral Immunodeficiency	Acquired epidermolysis bullosa
Common variable immunodeficiency	Autoimmune hemolytic anemia
X-linked agammaglobulinemia	Autoimmune neutropenia
Congenital agammaglobulinemia	Bone marrow transplant
Wiskott-Aldrich syndrome	Bullous pemphigoid
Severe combined immunodeficiency	Cytomegalovirus infection (treatment and prophylaxis)
Chronic immune thrombocytopenic purpura	Disseminated encephalomyelitis
Kawasaki syndrome	Guillain-Barre syndrome
Multifocal motor neuropathy	Herpes gestationis
B-cell chronic lymphocytic leukemia	Kidney disease (severe IgA nephropathy)
Dermatomyositis	Linear IgA dermatosis

Chronic inflammatory demyelinating polyneuritis	Lumbosacral radiculoplexus neuropathy
	Lymphoproliferative disorder following transplantation
	Myasthenia gravis
	Ocular cicatricial pemphigoid
	Pemphigus vulgaris
	Polyarteritis nodosa
	Pyoderma gangrenosum
	Renal transplant
	Respiratory syncytial virus infection
	Stiff-person syndrome
	Toxic shock syndrome
	Uveitis
	von Willebrand disorder

## IMMUNE GLOBULINS (SCIG)

### Criteria for Approval

- The medication is being self-administered or administered by a home infusion provider.
- For a claim to process at POS, the recipient must have a billed diagnosis for an indication found in Table B in the last 1 year.
- Recipients without a billed diagnosis from Table B will require a prior authorization request to be submitted by the provider.
- The requestor must submit the following:
  - Current chart notes
  - Diagnosis requiring immune globulin
  - Rationale or clinical support for use
  - Request must meet off label criteria (if diagnosis not listed in table B)

**Table B**

FDA-Approved Immune Globulin Indications	
Drug Name	Indication for use
Cutaquig <sup>®</sup> Cuvitru <sup>™</sup> Hizentra <sup>®</sup> Hyqvia <sup>®</sup> Xembify <sup>®</sup>	Primary immunoglobulin deficiency (includes Primary Humoral Immunodeficiency, Common variable immunodeficiency, X-linked agammaglobulinemia, Congenital gammaglobulinemia, Wiskott-Aldrich syndrome, Severe combined immunodeficiency)
Cutaquig <sup>®</sup> , Hizentra <sup>®</sup>	measles prophylaxis in patients with immunoglobulin deficiency
Hizentra <sup>®</sup>	maintenance treatment of chronic inflammatory demyelinating polyneuropathy (CIDP)



Thank you for helping Kentucky Medicaid members maintain access to cost effective medications by selecting drugs on the preferred drug list whenever possible. For any additional information or questions that you may have, please contact Magellan Medicaid Administration at [kyproviders@magellanhealth.com](mailto:kyproviders@magellanhealth.com) for Fee-for-Service members or the Kentucky MedImpact team at [KYMCOPBM@medimpact.com](mailto:KYMCOPBM@medimpact.com) for Managed Care Organization (MCO) members.

Sincerely,

*ShaLeigh Hammons, CPhT*

ShaLeigh Hammons, CPhT

Account Manager I

[kyproviders@magellanhealth.com](mailto:kyproviders@magellanhealth.com)

Kentucky Medicaid Fee-for-Service Pharmacy Program’s Contact Information		
<b>Clinical Support Center</b>	1-800-477-3071 Sunday – Saturday 24 hours a day	Please contact the Clinical Support Center to request a prior authorization (PA) or to check the status of a request. <b>NOTE: The only drugs that are now required to be submitted via fax are Brand Medically Necessary.</b>
<b>Pharmacy Support Center</b>	1-800-432-7005 Sunday – Saturday 24 hours a day	Please contact the Pharmacy Support Center when claims assistance is required. Timely filing, lock-in, and early refill (ER) overrides can be obtained through this Call Center.
<b>Provider Services</b>	1-877-838-5085 Monday – Friday 8:00 a.m. – 4:30 p.m.	Please contact Provider Services if you have questions about enrollment or when updating your license or bank information.
<b>Member Services</b>	1-800-635-2570 Monday – Friday 8:00 a.m. – 5:00 p.m.	Please contact Member Services if you are a member or if you as the provider have questions regarding the member’s benefits or eligibility coverage dates.