IVIG

Products affected

- Atgam®
- Carimune® Nanofiltered INJ 6GM
- Cuvitru™
- Gamastan® S/D
- Gammagard® Liquid INJ 2.5GM/25ML
- Gammagard® S/D IGA Less Than 1mcg/ml
- Gamunex®-C INJ 1GM/10ML
- Hizentra®
- Thymoglobulin®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	N/A