

Specialty Pharmacy Program

Vivaglobin® (immune globulin subcutaneous)

DESCRIPTION

Vivaglobin Immune Globulin Subcutaneous (Human) is indicated for the treatment of patients with primary immune deficiency (PID).

APPROVAL DURATION

Approval duration: 1 year

APPROVAL CRITERIA

- I. Patient has a diagnosis of primary immune deficiency (PID) including, but not limited to the following:
 - A. Hypogammaglobulinemia
 - B. Congenital agammaglobulinemia (X-linked agammaglobulinemia)
 - C. Common variable immunodeficiency
 - D. X-linked immunodeficiency with hyperimmunoglobulin M
 - E. Severe combined immunodeficiency
 - F. Wiskott-Aldrich syndrome