

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Immune globulin subcutaneous, human, 20% (Cuvitru)

**Notes:**

\* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

**Initiation (new start) criteria:** Non-formulary **immune globulin subcutaneous, human, 20% (Cuvitru)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is an Allergist or Neurologist
- Patient has documented contraindication, intolerance\*, or treatment failure to immune globulin subcutaneous (human) 20% (Hizentra)

**Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously:** Non-formulary **immune globulin subcutaneous, human, 20% (Cuvitru)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is an Allergist or Neurologist
- Patient has documented contraindication, intolerance\*, or treatment failure to immune globulin subcutaneous (human) 20% (Hizentra)

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary **immune globulin subcutaneous, human 20% (Cuvitru)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is an Allergist or Neurologist
- Patient has documented contraindication, intolerance\*, or treatment failure to immune globulin subcutaneous (human) 20% (Hizentra)