

GamaSTAN® (Immune Globulin [Human])
GamaSTAN® S/D (Immune Globulin [Human])
 Effective 01/01/2024

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	These medications have been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview
FDA-Approved Indications

1. Pre- or post-exposure prophylaxis of hepatitis A
2. Postexposure prophylaxis/modification of measles (rubeola) in susceptible persons
3. Postexposure prophylaxis of varicella in immunosuppressed patients when varicella-zoster immune globulin is not available
4. Postexposure prophylaxis of rubella during pregnancy

All other indications are considered experimental/investigational and not medically necessary.

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Prophylaxis of hepatitis A

Authorization may be granted when ONE of the following criteria is met:

1. Member was exposed to hepatitis A virus within the past 2 weeks (eg, household contact, sexual contact, and child care center or classroom contact with an infected person)
2. Member is at high risk for hepatitis A exposure (examples of populations at high risk for hepatitis A are travelers to and workers in countries of high endemicity of infection and illicit drug users).

Prophylaxis of measles (rubeola)

Authorization may be granted when the following criteria is met:

1. Member is unvaccinated and has not had measles previously and were exposed to measles within the past 6 days.

Prophylaxis of varicella

Authorization may be granted when the following criteria is met:

1. Member was exposed to varicella within the past 10 days.
2. Member is at high risk for severe varicella (eg, immunocompromised persons, newborns/infants, pregnant women).
3. Varicella zoster immune globulin (eg, Varizig®) is not available.

Prophylaxis of rubella

Authorization may be granted when the following criteria is met:

1. Member was recently exposed to rubella.
2. Member is currently pregnant.

Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

Limitations

1. Initial approvals will be granted for 1 month.

References

1. GAMASTAN [package insert]. Research Triangle Park, NC: Grifols Therapeutics, Inc.; February 2018.
2. GamaSTAN S/D [package insert]. Research Triangle Park, NC: Grifols Therapeutics, Inc.; February 2018.
3. Nelson NP, Link-Gelles R, Hofmeister MG, et al. Update: Recommendations of the Advisory Committee on Immunization Practices for Use of Hepatitis A Vaccine for Postexposure Prophylaxis and for Preexposure Prophylaxis for International Travel. *MMWR Morb Mortal Wkly Rep* 2018;67:1216–1220.
4. Centers for Disease Control and Prevention. Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013. Summary Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*. 2013;62(4).
5. Centers for Disease Control and Prevention Health Information for International Travel (Yellow Book). Varicella (Chickenpox). <https://wwwnc.cdc.gov/travel/yellowbook/2018/infectious-diseases-related-to-travel/varicella-chickenpox>. Accessed June 10, 2020.

Review History

12/13/2023: Reviewed at Dec P&T, switched from SGM to Custom. Effective 1/1/2024

