



## Preferred Drug List

### NEW DRUG REVIEW

**Proprietary Name:** Vivaglobin®

**Common Name:** Immune Globulin (Subcutaneous)

**PDL Category:** Immune Serums

<u>Comparable Products</u>	<u>Preferred Drug List/ Recommended Drug List Status</u>
Immune globulin (human) iv for solution	Preferred

#### Summary

**Indications and Usage:** Treatment of primary immune deficiency (PID)

**Dosage Forms:** Injection, solution (preservative free): IgG 160mg/mL (3mL, 10mL, and 20mL)

**Recommended Dosage:** Children  $\geq 2$  years and adults: 100-200 mg/kg weekly (maximum rate: 20mL/hour; doses  $> 15$ mL should be divided between sites); adjust the dose over time to achieve desired clinical response or target IgG levels.

**Common Adverse Drug Reactions:** Headache, fever, rash, gastrointestinal disorder, nausea, sore throat, injection-site reactions (swelling, redness, itching), diarrhea, cough.

**Contraindications:** Hypersensitivity to immune globulin or any component of the formulation; history of anaphylaxis or severe systemic reaction to immune globulin products, selective IgA deficiency with known antibody against IgA.

**Manufacturer:** ZLB Behring

**Analysis:** Vivaglobin® is the first immunoglobulin replacement therapy product that can be self-administered by patients at home and is an alternative to intravenous infusions of immunoglobulin. In addition to there being other preferred medications with the same active ingredients on the Preferred Drug List that effectively treats primary immune deficiency that are more cost effective than Vivaglobin®, the manufacturer does not recommend initiating therapy with Vivaglobin® until one week after receiving regularly scheduled treatment with IVIG infusion.

**IME Recommendation:**

<input type="checkbox"/> Preferred Drug	<input type="checkbox"/> Recommended Drug
<input checked="" type="checkbox"/> Non-Preferred Drug	<input type="checkbox"/> Non-Recommended Drug
<input type="checkbox"/> Preferred Drug with Conditions	