

## PHARMACY POLICY STATEMENT Indiana Medicaid DRUG NAME Gamifant (emapalumab-lzsg) BENEFIT TYPE Medical STATUS Prior Authorization Required

					) blocking antibody indicated for the
typically manifests	s during	infancy or ea	arly childhood	d. It is	fatal if left untreated.
The mainstay of tr	eatmen	t focuses on	immunosupp	ressio	on and cytotoxic therapy. The objective is to su

Gamifant (emapalumab-lzsg) will be considered for coverage when the following



. Member must have a negative TB test within 12 months prior to starting therapy; AND 7.



Effective date:

Revised date: 09/21/2023