Immune Globulin Subcutaneous (Human) (Cutaquig®)	**Place of Service** **Home Infusion Administration** **Office Administration** **Outpatient Facility Infusion Administration** **Infusion Center Administration** **HCPC**: J3590 **NDC:** • 68982-0810-81: 1 g single-use vial • 68982-0810-82: 1.65 g single-use vial • 68982-0810-83: 2 g single-use vial • 68982-0810-84: 3.3 g single-use vial • 68982-0810-85: 4 g single-use vial • 68982-0810-86: 8 g single-use vial

1. All requests for immune globulin subcutaneous (human) (Cutaquig®) must receive authorization prior to drug administration for claim payment.
2. Criteria for coverage is pending P&T Committee approval.
3. In the interim, all requests for coverage will be reviewed for medical necessity.

Cutaquig® prescribing information:
https://www.fda.gov/media/119234/download