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News about your prescription for Gamunex[®]-C 10% by Grifols Therapeutics

Thank you for being an Amerigroup Community Care member.

We have some important news about Gamunex[®]-C 10%. This is a drug used to treat people with a certain type of weakened immune system (primary immune deficiency) to strengthen it and to lower the risk of infection. Our records show you may have been prescribed this drug not long ago. You may need to take some action.

On August 6, 2021, Grifols Therapeutics issued a voluntary withdrawal of several lots of Gamunex[®]-C 10%. This withdrawal was issued due to a higher rate of allergic reactions and side effects.

Product: Gamunex[®]-C 10%

NDC: 13533-0800-71

Lot Number/Expiration Date: A1GKF00022 exp. 1/19/2024, A1GKF00032 exp. 1/21/2024, A1GKF00042 exp. 1/23/2024, A4GKE01012 exp. 10/2/2023, A4GKE01092 exp. 10/28/2023

Product: Gamunex[®]-C 10%

NDC: 13533-0800-24

Lot Number/Expiration Date: A3GLE01432 exp. 10/10/2023, A4GLE01512 exp. 10/30/2023, A1GLE01582 exp. 11/13/2023, A1GLE01642 exp. 12/6/2023

Here's what you should do

- Check your drug bottles to see if you have Gamunex[®]-C 10% from Grifols Therapeutics.
- If you have a supply of this drug, check to see if it is from an affected lot number.
- The lot number is located on the manufacturer's bottle on the label.
- If your drug is from an affected lot number, do not use it, and contact your doctor or pharmacy for guidance.
- If you have questions about this drug, call the doctor who gave you the prescription.
- Additional information about this withdrawal can be found at www.fda.gov/medwatch.

If you have questions about:

- The drug withdrawal, call the drug company. The number is 1-800-520-2807.
- Your prescription or your health care, call your primary care provider (PCP).
- What drugs are covered, call Member Services at 1-800-600-4441 (TTY 711) Monday through Friday, 8 a.m. to 6 p.m. Eastern Time.

Please be sure to talk with your doctor.

Sincerely,
Pharmacy Department

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Amerigroup Community Care.

105-TMAGM55499NJ 081521

NJ-MEM-1023-18 OMHC #078-16-31

Amerigroup Community Care

Enclosures: Get help in another language
HHS Nondiscrimination notice

Noticias sobre su receta para Gamunex[®]-C 10% de Grifols Therapeutics.

Gracias por confiar en Amerigroup Community Care.

Tenemos noticias importantes sobre Gamunex[®]-C 10%. Este es un medicamento que se usa para tratar a personas con cierto tipo de debilidad del sistema inmunológico (deficiencia inmunológica primaria) para fortalecerlo y reducir el riesgo de infección. Nuestros expedientes muestran que es posible que le hayan recetado este medicamento recientemente. Puede que deba tomar algunas medidas.

El 6 de agosto de 2021, Grifols Therapeutics retiró voluntariamente del mercado varios lotes de Gamunex[®]-C 10%. Esta retirada se hizo debido a un nivel más alto de reacciones alérgicas y efectos secundarios.

Producto: Gamunex[®]-C 10%

NDC: 13533-0800-71

N.º de lote/Fecha de caducidad: A1GKF00022 cad. 1/19/2024, A1GKF00032 cad. 1/21/2024, A1GKF00042 cad. 1/23/2024, A4GKE01012 cad. 10/2/2023, A4GKE01092 cad. 10/28/2023

Producto: Gamunex[®]-C 10%

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N.º de lote/Fecha de caducidad: A3GLE01432 cad. 10/10/2023, A4GLE01512 cad. 10/30/2023, A1GLE01582 cad. 11/13/2023, A1GLE01642 cad. 12/6/2023

Esto es lo que debe hacer

- Revise sus frascos de medicamentos para ver si tiene Gamunex[®]-C 10% de Grifols Therapeutics.
- Si tiene un suministro de este medicamento, fíjese si proviene de un lote afectado.
- Este número está en la etiqueta del frasco del fabricante.
- Si su medicamento proviene de un lote afectado, no lo use y comuníquese con su médico o con la farmacia para que le den instrucciones.
- Si tiene preguntas sobre este medicamento, llame al médico que le haya dado la receta.
- Puede obtener más información sobre esta retirada en www.fda.gov/medwatch.

Si tiene preguntas sobre:

- El retiro del medicamento, llame a la compañía farmacéutica. El número es 1-800-520-2807.
- Su receta o los servicios de atención médica, llame a su proveedor de atención primaria (primary care provider, PCP).
- Qué medicamentos están cubiertos, llame a Servicios para Miembros al 1-800-600-4441 (TTY 711), de lunes a viernes de 8:00 a. m. a 6:00 p. m., hora del este.

