



Information for Connecticut Prescribers and Pharmacists:

**GAMMAGARD S/D<sup>®</sup> Immune Globulin Intravenous (Human) Solvent Detergent Treated**

- Connecticut law\* requires that pharmaceutical representatives engaged in legend drug marketing in Connecticut disclose to prescribing practitioners and pharmacists:
- The list price of the legend drug marketed (see below).
- Information on variation efficacy of the legend drug marketed to different racial and ethnic groups, if such information is available. Please consult the product's FDA-approved label and indication for FDA-approved information regarding such, if available. The FDA-approved labeling can be found here: [https://takeda.info/PI\\_GGSD\\_USA\\_ENG](https://takeda.info/PI_GGSD_USA_ENG). For further information, please contact Takeda's Medical Information Department at 1-877-TAKEDA-7 (1-877-825-3327) or [medinfoUS@takeda.com](mailto:medinfoUS@takeda.com).
- The list prices listed below are Wholesale Acquisition Costs (WAC). Information about WAC of the drug(s) listed below is being provided to Connecticut prescribers and pharmacists pursuant to Connecticut law.
- The prices listed here reflect the list prices for the dosages and quantities described. List prices do not necessarily reflect price per dosage for any particular patient, the price per course of treatment for any particular patient, or the cost effectiveness of the product.

**\*As detailed in CT HB 6669**

<u>NDC Code</u>	<u>Takeda Products</u>	<u>WAC**</u>	<u>Package Size</u>
00944-2658-04	Gammagard S/D Less IgA Intravenous Solution Reconstituted 10 GM	\$2,242.60	1 vial
00944-2656-03	Gammagard S/D Less IgA Intravenous Solution Reconstituted 5 GM	\$1,121.30	1 vial