Cytogam (Cytomegalovirus Immune Globulin Intravenous [Human])
Effective 02/20/19

<table>
<thead>
<tr>
<th>Plan</th>
<th>Program Type</th>
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<tbody>
<tr>
<td>MassHealth</td>
<td>☒ Prior Authorization</td>
</tr>
<tr>
<td>Commercial/Exchange</td>
<td>☐ Quantity Limit</td>
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<thead>
<tr>
<th>Benefit</th>
<th>Specialty Limitations</th>
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<tbody>
<tr>
<td>☒ Pharmacy Benefit</td>
<td>This medication has been designated specialty and must be filled at a contracted specialty pharmacy.</td>
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<tr>
<td>☐ Medical Benefit (NLX)</td>
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<tr>
<th>Plan</th>
<th>Specialty Medications</th>
<th>Non-Specialty Medications</th>
<th>Medical Specialty Medications (NLX)</th>
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<tbody>
<tr>
<td>All Plans</td>
<td>Phone: 866-814-5506</td>
<td>Fax: 866-249-6155</td>
<td></td>
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<tr>
<td>MassHealth</td>
<td>Phone: 877-433-7643</td>
<td>Fax: 866-255-7569</td>
<td></td>
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<tr>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
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<tr>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
<td></td>
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<tr>
<td>All Plans</td>
<td>Phone: 844-345-2803</td>
<td>Fax: 844-851-0882</td>
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| Exceptions | N/A |

Overview
Cytogam (CMV-IGIV), is an immunoglobulin G (IgG) containing a standardized amount of antibody to Cytomegalovirus (CMV). Cytogam is FDA indicated for prophylaxis of cytomegalovirus (CMV) disease associated with transplantation of kidney, lung, liver, pancreas, and heart; concomitant use with ganciclovir should be considered in organ transplants (other than kidney) from CMV seropositive donors to CMV seronegative recipients.

Compendial Uses
- Treatment of CMV pneumonitis in bone marrow transplant recipients
- Treatment or prevention of congenital CMV infection

All other indications are considered experimental/investigational and are not a covered benefit.

Coverage Guidelines
Authorization may be granted when the following indication specific criteria is met:

1. CMV prophylaxis in solid organ transplant recipients
Authorization may be granted for members with a diagnosis of CMV prophylaxis who are solid organ transplant recipients (e.g., heart, liver, lung) and are prescribed Cytogam for the prevention of CMV disease.

2. CMV pneumonitis in transplant recipients
Authorization may be granted for members with a diagnosis of CMV pneumonitis who are transplant recipient and are prescribed Cytogam in combination with an antiretroviral medication for the treatment of CMV pneumonitis.
3. Congenital CMV infection
Authorization may be granted to members who are prescribed Cytogam for the treatment of CMV infection during pregnancy.

Continuation of Therapy
Reauthorization may be granted for members, including those who are new to AllWays Health Partners, when ALL initial criteria are met.

Limitations
1. Approvals for CMV prophylaxis and pneumonitis will be granted for 12 months.
2. Approvals for congenital CMV infection will be granted for one dose.
3. Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

References


Review History
02/27/17 – Reviewed
10/01/17 – Effective
02/26/18 – Reviewed
02/20/19 – Reviewed
07/21/2021- Reviewed at P&T; no clinical changes, overview reworded.

Disclaimer
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