### Cytogam (Cytomegalovirus Immune Globulin Intravenous [Human])

**Effective 02/20/19**

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<th>Plan</th>
<th>Program Type</th>
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<tr>
<td>☒ MassHealth</td>
<td>☒ Prior Authorization</td>
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<td>☒ Commercial/Exchange</td>
<td>☐ Quantity Limit</td>
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<td>☐ Medical Benefit (NLX)</td>
<td>☐ Step Therapy</td>
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<tr>
<th>Benefit</th>
<th>Specialty Limitations</th>
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<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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<td>☐ Medical Benefit (NLX)</td>
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<tr>
<th>Plan</th>
<th>Specialty Medications</th>
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<tr>
<td>All Plans</td>
<td>Phone: 866-814-5506</td>
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<tr>
<th>Contact Information</th>
<th>Non-Specialty Medications</th>
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<tr>
<td>MassHealth</td>
<td>Phone: 877-433-7643</td>
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<tr>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
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<tr>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
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| Medical Specialty Medications (NLX) | All Plans | Phone: 844-345-2803 | Fax: 844-851-0882 |

| Exceptions | N/A |

### Overview

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met, and the member has no exclusions to the prescribed therapy.

#### FDA-Approved Indication

Cytogam is indicated for the prophylaxis of cytomegalovirus (CMV) disease associated with transplantation of kidney, lung, liver, pancreas and heart. In transplants of these organs (other than kidney) from CMV seropositive donors into seronegative recipients, prophylactic Cytogam should be considered in combination with ganciclovir.

#### 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:

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.
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.

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

Disclaimer
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.