PHARMACY POLICY STATEMENT
Marketplace

BILLING CODE	J0850
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Home/Office/Outpatient
STATUS	Prior Authorization Required

Cytogam (cytomegalovirus immune globulin) will be considered for coverage when the following criteria are met:

For _____ authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with an infectious disease specialist or transplant specialist; AND
3. Member is the recipient of a solid organ transplant (i.e. kidney, lung, liver, pancreas, heart transplant);
4. Member

	150 mg/kg	150 mg/kg
2 weeks post-transplant:	100 mg/kg	150 mg/kg
4 weeks post-transplant:	100 mg/kg	150 mg/kg
6 weeks post-transplant:	100 mg/kg	150 mg/kg
8 weeks post-transplant:	100 mg/kg	150 mg/kg
12 weeks post-transplant:	50 mg/kg	100 mg/kg
16 weeks post-transplant:	50 mg/kg	100 mg/kg

If all the above requirements are met, the medication will be approved for 16 weeks.