Health Alliance™

Pharmacy Drug Policy & Procedure

Policy Name:	Cytogam (cytomegalovirus immune globulin, human)	Policy #:	2415P

Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Cytogam.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Cytogam under the Specialty Medical benefit when the following criteria have been met.

Criteria

1. Coverage Criteria

1.1 Prescribed by or in consultation with an infectious disease or transplant specialist

1.2 Documentation of one of the following indications:

- Documented bone marrow transplant or solid organ transplant with Cytomegalovirus (CMV) pneumonitis who will be using Cytogam in combination with an antiviral medication
- Documented solid organ transplant with Cytogam being used for prevention of CMV disease
  - In transplants other than kidney, Cytogam should be considered in combination with ganciclovir

2. Approval Period

2.1 12 months

CPT Codes

90291	Cytomegalovirus immune globulin (CMV IgIV), human for IV use

HCPCS Codes

J0850	Injection, cytomegalovirus immune globulin intravenous (human) per vial (Cytogam)

References

1. Cytogam (cytomegalovirus immune globulin intravenous [human]) [prescribing information]. Hoboken, NJ: Kamada Inc; September 2022.
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4. Costanzo MR, Costanzo MR, Dipchand A, et al for the International Society of Heart and Lung Transplantation. The International Society of Heart and Lung Transplantation Guidelines for the care of heart transplant recipients. J Heart Lung Transplant. 2010;29(8):914-956.
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organ Transplantation. Transplantation. 2018 Jun;102(6):900-931.
6. Razonable RR, Humar A. Cytomegalovirus in solid organ transplant recipients-Guidelines of the American Society of Transplantation Infectious Diseases Community of Practice. Clin Transplant. 2019 Sep;33(9):e13512.

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DISCLAIMER
This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.