

POLICY NAME	Cytogam (cytomegalovirus immune globulin,	POLICY #	2415P
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Criteria

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