



Federal Employee Program.

## **ATGAM**

**(lymphocyte immune globulin, anti-thymocyte globulin [equine])**

### **Pre - PA Allowance**

None

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### **Prior-Approval Requirements**

#### **Diagnoses**

Patient must have **ONE** of the following:

1. Renal Transplantation (for management of allograft rejection)
2. Moderate to severe aplastic anemia
  - a. Patient is unsuitable for bone marrow transplantation
  - b. **NOT** secondary to neoplastic disease
  - c. **NOT** secondary to storage disease
  - d. **NOT** secondary to myelofibrosis
  - e. **NOT** secondary to Fanconi's syndrome
  - f. Patient has not been exposed to myelotoxic agents or radiation

### **Prior - Approval Limits**

**Quantity** A total of 21 doses given on an alternate day basis for both approved indications.

**Duration** 6 weeks. Use beyond 6 weeks is unsupported.

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### **Prior – Approval *Renewal* Requirements**

Same as above

### **Prior – Approval *Renewal* Limits**

None