

Pre - PA Allowance

None

Prior-Approval Requirements

Diagnoses

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

1. Prevention (prophylaxis) of cytomegalovirus (CMV) infection and disease
 - a. 6 months of age and older
 - b. Weight \geq 6 kg
 - c. Post hematopoietic stem cell transplant (HSCT) within the last 28 days
 - d. CMV seropositive recipient [R+]
2. Prevention (prophylaxis) of cytomegalovirus (CMV) infection and disease
 - a. 12 years of age and older
 - b. Weight \geq 40 kg
 - c. Post kidney transplant within the last 7 days
 - d. CMV seropositive donor/CMV seronegative recipient (D+/R-)

AND ALL of the following for **ALL** indications:

- a. **NO** severe (Child-Pugh Class C) hepatic impairment
- b. Prescriber agrees to monitor for CMV reactivation

Prior - Approval Limits

Quantity

Strength	Quantity
240 mg tablet	224 tablets per 200 days OR
480 mg tablet	
20 mg oral packets	810 oral packets per 200 days OR
120 mg oral packets	
240 mg (12 mL vial)	200 vials per 200 days
480 mg (24 mL vial)	