



**VALCYTE
(valganciclovir)**

Patients with an HIV diagnosis (one or more anti-retroviral claims in the last 12 months) are exempt from these Prior Authorization (PA) requirements.

Pre - PA Allowance

None

Prior-Approval Requirements

Patients with an HIV diagnosis (one or more anti-retroviral claims in the last 12 months) are exempt from these Prior Authorization (PA) requirements.

Diagnoses

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

1. **Treatment** of Cytomegalovirus (CMV) disease in symptomatic patients
2. **Prevention** (either prophylaxis or preemptive therapy) of CMV disease in patients who are:

AND ONE of the following:

- a. Post solid organ transplant (including heart, liver, lung, kidney, or kidney-pancreas)
- b. Post hematopoietic stem cell transplant (HSCT)

AND NOT the following:

- a. CMV sero-negative recipient of solid organ transplant from a CMV sero-negative donor (R-/D-)

AND ALL of the following for **BOTH** diagnoses:

1. Absolute neutrophil count (ANC) \geq 500 cells/ μ L
2. Platelet count \geq 25,000/ μ L
3. Hemoglobin \geq 8 g/dL
4. **NO** concurrent therapy with maribavir

Prior - Approval Limits

Duration 12 months



Prior – Approval *Renewal* Requirements

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3. Hemoglobin \geq 8 g/dL
4. **NO** concurrent therapy with maribavir

Prior – Approval *Renewal* Limits

Same as above