antithymocyte globulin [equine] (Atgam®)

Medical Benefit Drug Policy

Prior authorization will be required starting 10/1/2023

Place of Service
Office Administration
Outpatient Facility Administration
Infusion Center Administration
Home Infusion Administration

Drug Details

USP Category: Class: Immunological Agents: Immunizing Agents, Passive
Mechanism of Action: Immunosuppressant Agent
HCPCS: J7504 per 250 mg

How supplied:
NDC: 0009-7224-02: 250 mg/5 mL (50 mg/mL) 5 ampoules

Condition(s) listed in policy *(see coverage criteria for details)*

- Allograft rejection in renal transplant
- Aplastic anemia, moderate to severe
- Hematopoietic cell transplantation
- Management of immunotherapy-related toxicities
- Myelodysplastic syndrome (MDS)

Special Instructions and pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure member has met all medical necessity requirements.

Covered under the Medical Benefit, please submit clinical information for prior authorization review

Coverage Criteria

The following condition(s) require Prior Authorization/Preservice:

Allograft rejection in renal transplant

1. For prevention or treatment of allograft rejection episodes, AND
2. Being used in combination with other immunosuppressant therapy

Covered Doses
15 mg/kg given as an IV infusion per day

Coverage Period
To allow for up to 21 doses

Aplastic anemia, moderate to severe

1. Patient is not a candidate for bone marrow transplantation, AND
2. Condition is not caused by secondary causes (e.g., Neoplastic disease, storage disease, myelofibrosis, Fanconi syndrome, exposure to myelotoxic agents or radiation)

Covered Doses
20 mg/kg given as an IV infusion per day

Coverage Period
To allow for up to 21 doses

Hematopoietic cell transplantation

1. Meets either of the following:
    a. For graft-versus-host disease and all the following:
        i. Used for steroid refractory disease, and
        ii. Being used in combination with immunosuppressant,
    OR
    b. For conditioning as part of a reduced-intensity regimen in combination with cladribine or busulfan

Covered Doses
15 mg/kg given as an IV infusion twice per day

Coverage Period
Up to 44 days

Management of immunotherapy-related toxicities

1. Secondary to CAR-T use, AND
2. If for cytokine release syndrome: Refractory to high-dose steroid therapy, and Actemra (tocilizumab)

Covered Doses
20 mg/kg given as an IV infusion once daily

Coverage Period

To allow for up to 21 doses

Myelodysplastic syndrome (MDS)

1. Patient is not a candidate for bone marrow transplantation, AND
2. For treatment of lower risk disease* associated with anemia, thrombocytopenia or neutropenia, AND
3. Being used in combination with cyclosporine and/or Promacta (eltrombopag)

Covered Doses

40 mg/kg given as an IV infusion once daily, or
15 mg/kg given as an IV infusion once daily

Coverage Period

40 mg/kg dose for 4 days, or
15 mg/kg dose for 5 days

Additional Information:

References

1. AHFS®. Available by subscription at http://www.lexi.com
2. DrugDex®. Available by subscription at http://www.micromedexsolutions.com/home/dispatch
3. Atgam (anti-thymocyte globulin). [Prescribing information]. New York, NY: Pharmacia & Upjohn Company LLC; 5/2023.

Policy Update

Date of Last Annual Review: New policy
Date of last revision: New policy
Changes from previous policy version:
8-30-2023:

- New policy

Blue Shield of California Medication Policy to Determine Medical Necessity Reviewed by P&T Committee