

Jurisdiction Specific Medicare Part B CroFab

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over the counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
CroFab	crotalidae polyvalent immune fab [ovine]

Covered Uses

The indications below are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

Management of adult and pediatric patients with North American crotalid envenomation.

All other indications will be assessed on an individual basis. Submissions for indications other than those listed in this criteria should be accompanied by supporting evidence from Medicare approved compendia.

Coverage Criteria

Envenomation from North American Crotalid species

Authorization of 1 month may be granted for the management of members with minimal or moderate envenomation from North American crotalid species (the term crotalid is used to describe the Crotalinae subfamily of venomous snakes which includes rattlesnakes, copperheads, or cottonmouths/water moccasins).

Reference number(s)
4814-A

References

1. Immune Globulins LCD (L34771) Version R22 Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed June 14, 2024.
2. Billing and Coding: Immune Globulins (A57554) Version R9. Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed June 14, 2024.
3. CroFab [package insert]. West Conshohocken, PA: BTG International Inc.; January 2018.