





FLORIDA MEDICAID PRIOR AUTHORIZATION

**Cytogam®**

(Maximum Length of Therapy is 16 Weeks)



**Note: Form must be completed in full. An incomplete form may be returned.**

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**Approval Indications:**

- Diagnosis of active cytomegalovirus disease associated with transplantation of the kidney, lung, liver, pancreas, or heart organ.
- Transplant organ must come from a cytomegalous seropositive donor to a cytomegalous seronegative recipient.

**Approval Period:**

- Maximum of 16 weeks.