



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.

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.