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Children's Medical Services Health Plan
OPERATED BY SUNSHINE HEALTH

MEDICATION PRIOR AUTHORIZATION REQUEST FORM
FAX this completed form to 1-888-865-6531
OR Mail request to: Pharmacy Services Prior Authorization Dept.
5 River Park Place East, Suite 210 | Fresno, CA 93720
Call 1-833-705-1351 to request a 72-hour supply of medication.
Pharmacy Services will respond via fax or phone within 24 hours of receipt of all necessary information, expect during weekends and holidays. For immediate response on weekends and holidays, NurseWise will answer your call.

Cytogam®

(Maximum Length of Therapy is 16 Weeks)
Note: Form must be completed in full. An incomplete form may be returned.

Recipient's Medicaid ID#

Date of Birth (MM/DD/YYYY) / /

Recipient's Full Name

Prescriber's Full Name

Prescriber's NPI

Prescriber Phone Number - -

Prescriber Fax Number - -

Pharmacy Name

Pharmacy Medicaid Provider #

Pharmacy Phone Number - -

Pharmacy Fax Number - -

1. Indicate which transplant organ the recipient received.
   ☐ Kidney ☐ Lung ☐ Liver ☐ Pancreas ☐ Heart
2. Did the transplant organ come from a cytomegalous seropositive donor?
   ☐ Yes ☐ No
3. Was the recipient at the time of the transplant a cytomegalous seronegative recipient?
   ☐ Yes ☐ No
4. What was the date of the transplant? _____
5. What is the patient's weight? _____ lbs _____ kg
6. What is the date range of therapy? **Begin Date**:_____ **End Date**:_____
7. What will be the dosage and frequency of dosing? _____

Prescriber's Signature: _____ **Date:** _____

REQUIRED FOR REVIEW: All copies of medical records (e.g., diagnostic evaluations and recent chart notes), and the most recent copies of related labs. The provider must retain copies of all documentation for five years.

Cytogam®

(Maximum Length of Therapy is 16 Weeks)
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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.