



CONTAINS CONFIDENTIAL PATIENT INFORMATION

Intravenous Immune Globulin (IVIG)

**Complete form in its entirety and fax to:
Prior Authorization of Benefits (PAB) Center at (888) 831- 2243**

1. PATIENT INFORMATION

2. PHYSICIAN INFORMATION

Patient Name: _____	Prescribing Physician: _____
Patient ID #: _____	Physician Address: _____
Patient DOB: _____	Physician Phone #: _____
Date of Rx: _____	Physician Fax #: _____
Patient Phone #: _____	Physician Specialty: _____
	Physician DEA: _____

3. MEDICATION

4. STRENGTH

5. DIRECTIONS

6. QUANTITY PER 30 DAYS

<input type="checkbox"/> Flebogamma <input type="checkbox"/> Gamimune N <input type="checkbox"/> Gammar-P.I.V. <input type="checkbox"/> Immune Globulin <input type="checkbox"/> Octogam <input type="checkbox"/> Polygam s/d	<input type="checkbox"/> Carimune / NF <input type="checkbox"/> Gammagard s/d <input type="checkbox"/> Gamastan s/d <input type="checkbox"/> Iveegam EN <input type="checkbox"/> Panglobulin NF <input type="checkbox"/> Gammagard sol	<input type="checkbox"/> 0.5g <input type="checkbox"/> 5% <input type="checkbox"/> 1g <input type="checkbox"/> 6g <input type="checkbox"/> 2ml <input type="checkbox"/> 10g <input type="checkbox"/> 2.5g <input type="checkbox"/> 10ml <input type="checkbox"/> 3g <input type="checkbox"/> 10% <input type="checkbox"/> 5g <input type="checkbox"/> 12g	_____ _____ _____	Specify: _____
--	---	--	-------------------------	----------------

7. APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY

NOTE: Any areas not filled out are considered not applicable to your patient & MAY AFFECT THE OUTCOME of this request.

IVIG may be approved for any of the following indications:

- Yes No Hypogammaglobulinemia
- Yes No Congenital agammaglobulinemia (X-linked agammaglobulinemia)
- Yes No Common variable immunodeficiency
- Yes No X-linked immunodeficiency with hyperimmunoglobulin M
- Yes No Severe combined immunodeficiency
- Yes No Wiskott-Aldrich syndrome
- Yes No Idiopathic Thrombocytopenic Purpura (ITP)
- Yes No Kawasaki Syndrome
- Yes No Hypogammaglobulinemia and/or recurrent bacterial infection associated with B-cell chronic lymphocytic leukemia (CLL)
- Yes No Reducing the risk of graft-versus-host disease associated with interstitial pneumonia (infectious or idiopathic) and infections (cytomegalovirus infections, Varicella-zoster virus infection, and recurrent bacterial infection) in allogeneic bone marrow transplant patients in the first 100 days after transplantation
- Yes No Prevention of infection due to HIV infection in a pediatric patient
- Yes No Prevention of infection due to a Bone marrow transplant
- Yes No Antenatal alloimmune thrombocytopenia
- Yes No Autoimmune neutropenia
- Yes No Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)
- Yes No Dermatomyositis, refractory
- Yes No Lambert-Eaton myasthenic syndrome treatment
- Yes No Guillain-Barre Syndrome (acute demyelinating polyneuropathy) as an equivalent alternative to plasma exchange



CONTAINS CONFIDENTIAL PATIENT INFORMATION

Intravenous Immune Globulin (IVIG)

**Complete form in its entirety and fax to:
Prior Authorization of Benefits (PAB) Center at (888) 831- 2243**

Patient Name: _____ Patient ID #: _____

- Yes No Hyperimmunoglobulinemia E syndrome (HIE) treatment
- Yes No Multi-focal motor neuropathy in patients with anti GM1 antibodies and conduction block
- Yes No Multiple sclerosis, relapsing-remitting treatment

IVIG may be approved for any of the following indications (cont.):

- Yes No Myasthenia Gravis, severe refractory
- Yes No Polymyositis
- Yes No Prior to a medically necessary renal transplantation for suppression of panel reactive anti-HLA antibodies in patients with high panel reactive antibody (PRA) levels to human leukocyte antigens (HLA)
- Yes No Prevention of infections in high-risk, preterm, low birth weight neonates
- Yes No Stiff-person syndrome not controlled by other therapies
- Yes No Toxic shock syndrome caused by staphylococcal or streptococcal organisms refractory to several hours of aggressive therapy
- Yes No Solid organ transplant recipients at risk for CMV
- Yes No Treatment of chronic parvovirus B19 infection and severe anemia associated with bone marrow suppression
- Yes No Refractory auto-immune mucocutaneous blistering diseases including:
 - pemphigus vulgaris pemphigus foliaceus
 - bullous pemphigoid mucous membrane pemphigoid
 - epidermolysis bullosa acquisita

PLEASE NOTE: IVIG may NOT be approved for treatment of Recurrent Spontaneous Abortion (RSA)

8. PHYSICIAN SIGNATURE

Prescriber or Authorized Signature _____ Date

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient.

Note: Payment is subject to member eligibility. Authorization does not guarantee payment.

IMPORTANT WARNING: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is **STRICTLY PROHIBITED**. If you have received this message by error, please notify us immediately at **(888) 831-2242** and destroy the related message or return the document to us at 8407 Fallbrook Avenue AF13, West Hills, CA 91304. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure without appropriate patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in Federal and State law.