

- B-Cell Chronic Lymphocytic Leukemia and recurrent bacterial infections
- Hyperimmunoglobulinemia E syndrome (HIE) treatment
- Treatment of chronic parvovirus B 19 infection and severe anemia associated with bone marrow suppression

(2) Hematologic and transplant related illnesses

- Antenatal Alloimmune Thrombocytopenia (AIT)
- Autoimmune Neutropenia
- Idiopathic Thrombocytopenic Purpura
- Individual is on kidney transplant list with high panel reactive antibody (PRA) levels to human leukocyte antigens (HLA)
- Solid organ transplant recipients at risk for CMV
- To reduce risk of graft-versus-host disease in Patient (member)s associated with interstitial pneumonia (infectious or idiopathic) and infections (cytomegalovirus infections, varicella-zoster virus infection, and recurrent bacterial infection) in allogeneic bone marrow transplant (BMT) Patient (member)s in the first 100 days after transplantation

(3) Neurologic Uses

- Chronic Inflammatory Demyelinating Polyneuropathy (CIPD) **If checked please check all of the following that apply:**

Initial Authorization:

- Clinical Presentation is not consistent with other polyneuropathies such as diabetic neuropathy: **If checked please check all of the following that apply:**

- Proximal muscle weakness or sensory dysfunction caused by neuropathy
 - Nerve conduction studies (NCS) confirm there is electrodiagnostic evidence of demyelinating neuropathy in at least 2 limbs
- Distal muscle weakness
 - Results of diagnostic testing meet a recognized set of diagnostic criteria as established by the AAN, Saperstein, or INTAC. If checked, please indicate which criteria used and which diagnostic tests meet:

Reauthorization:

- Individual has been on treatment for at least 1 year: **If checked please check all of the following that apply:**

- Clinically significant improvement in neurological symptoms is documented on physical examination. If checked, please note improvements:

- Was there an attempt to titrate the dose down or lengthening the interval of therapy and did that titration result in worsening of symptoms? If checked, please document dosage change and results:

- Patient has been on treatment for less than 1 year

- Clinically significant improvement in neurological symptoms is documented on physical examination. If checked, please document improvements:

- Eaton-Lambert Myasthenic Syndrome
- Guillian-Barre syndrome (acute demyelinating polyneuropathy) as an equivalent alternative to plasma exchange
- Multi-focal motor neuropathy (MMN)- **If checked, please check all of the following that apply:**

Initial Authorization:

- Asymmetric weakness that predominately affects distal muscles
 - Nerve conduction studies confirm a demyelinating neuropathy is present
- Clinical history and exam do not suggest upper motor neuron disease
 - Labs show GM-1 antibody titers are elevated. If checked, please document Level of GM-1: _____

- Clinical presentation suggests MMN but diagnosis remains uncertain following initial exam and electro-diagnostic testing

Reauthorization:

- Individual has been on treatment for at least 1 year
 - Clinical results document an improvement in strength and function within 3 weeks of the start of the infusion period
 - . If checked, please document improvements:

- Was there an attempt to titrate the dose down or lengthening the interval of therapy and did that titration result in worsening of symptoms? If checked, please document dosage change and results:

- Individual has been on treatment for less than 1 year

- Clinical results document an improvement in strength and function within 3 weeks of the start of the infusion period. If checked, please document dosage change and results:

- Stiff-person syndrome not controlled by other therapies

(4) Autoimmune

- Refractory auto-immune mucocutaneous blistering diseases including: pemphigus vulgaris, pemphigus foliaceus, bullous pemphigoid, mucous membrane pemphigoid, and epidermolysis bullosa aquisita.
- Severe refractory Myasthenia Gravis
- Dermatomyositis Refractory- **If checked please check all of the following that apply:**
 - IVIG is being used as a second line treatment
 - Corticosteroid therapy failed
- Polymyositis – **If checked, please check all of the following that apply:**
 - Other treatments have been unsuccessful, intolerable, or are contraindicated. If checked, please list previous treatments and results:

- Kawasaki Syndrome

(5) Infections

- Toxic shock syndrome caused by staphylococcal or streptococcal organisms refractory to several hours of aggressive therapy
- To prevent infection(s) in HIV infected pediatric individual
- To prevent infections in high-risk, preterm, low birth weight neonates
- Individual is being treated to prevent recurrent spontaneous abortions
- Other: _____

(6) Other Use(s) (Please submit all supporting documents including labs, progress notes, imaging, etc., for review.)

- Individual is being treated to prevent recurrent spontaneous abortions
- Other: _____

This request is being submitted:

- Pre-Claim
- Post-Claim. If checked, please attach the claim or indicate the claim number _____

I attest the information provided is true and accurate to the best of my knowledge. I understand that Anthem may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

Name & Title of Provider or Provider Representative Completing Form
& attestation (Please Print)*

/ /
Date

***The attestation fields must be completed by a provider or provider representative in order for the tool to be accepted**
