

Prior Authorization Form

For Prior Authorization please fax to: (877)974-4411 toll free, or (616)942-8206

 This form applies to: Commercial Plan Medicaid Plan Medicare Plan

Intravenous Immunoglobulin (IVIG) Urgent Non-urgent

Member Name:	Member #:
DOB:	Gender:
Provider Name:	Provider Phone:
Provider Office Address:	
Provider Office Contact Name:	Provider Fax:
Provider Signature:	Provider NPI:
Date:	Member's PCP:

Place of administration:

- Self-administered
 Provider's Office
 Outpatient Infusion Center Name of center: _____
 Home Infusion Name of agency: _____

Billing options:

- Physician buy and bill
 Preferred Specialty Vendor
 Other: _____

Priority Health precertification requirements:

Please provide the following:

Patient's weight: _____
 Patient's trough IgG level: _____ Date: _____
 Recommended dose (g/kg or mg/kg): _____
 Dosing frequency: _____ weeks: _____
 Duration: _____
 Route of administration: IVIG SGIQ
 Units: _____
 Nursing Visits (if applicable): _____

What other concomitant therapy will be used with this therapy for this diagnosis?

 New Start Renewal

 If **new start**, please complete previous therapy section. If **renewal**, please complete clinical progress section.

Previous therapy (authorization requires documentation of previous treatment failures)

Drug or type or therapy	Trial Date	Therapeutic outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____

Clinical Progress: Please provide clinical progress notes on the patient's response to therapy below:

One of the following indications must apply:

- X-linked agammaglobulinemia
- X-linked immunodeficiency with hyper Ig-M
- Common variable immunodeficiency
- Combined immunodeficiency syndromes (Wiskott-aldrich syndrome; severe combined immunodeficiency syndrome (SCID))
- Hypogammaglobulinemia
- Immune mediated or idiopathic thrombocytopenia purpura
 Platelet count: _____
 - Acute ITP: rapid rise in platelet count
 - Chronic ITP: is being used as maintenance therapy
 - ITP in pregnancy: patient is refractory to steroids and in 3rd trimester
 - ITP in pregnancy: platelet counts < 30, 000/ul associated with bleeding prior to delivery
 - ITP in pregnancy: pregnant women who have previously delivered infants with autoimmune thrombocytopenia
 - ITP in pregnancy: pregnant women who have platelet counts < 75,000/ul during current pregnancy
 - ITP in pregnancy: pregnant women with past history of splenectomy
- Kawasaki syndrome
 Number of days since diagnosis: _____
- Allogeneic bone marrow transplant in adults
 Date of transplant: _____
 HLA-identical sibling transplant: yes no
 Autologous transplant: yes no
- Chronic B-cell lymphocytic leukemia (CLL) for persons with hypogammaglobulinemia and frequent infections
- Pediatric HIV infection in children < 13 years of age
 IgG level: _____
 T4 cell count: _____
 Check all that apply:
 - Child has two or more bacterial infections in a 1 year period despite treatment:
 - Child has received 2 doses of measles vaccine and lives in region with a high prevalence of measles
 - Child has HIV-associated thrombocytopenia despite antiretroviral therapy:
 - Child has bronchiectasis that is sub optimally responsive to antimicrobial and pulmonary therapy:
- Acute and chronic demyelinating polyneuropathies including Guillian-Barre syndrome
- Post-transfusion purpura in severely affected patients
 Platelets: _____

- Multiple sclerosis
 - Relapsing remitting type
 - Primary type
 - Secondary type
- Fetal alloimmune thrombocytopenia
- Multiple myeloma
 - Date of diagnosis: _____
 - IVIG level: _____
 - Patient has had 2 or more significant infections in the last year
 - Patient has had a life-threatening infection in the last year
- Myasthenia gravis and Lambert-eaton myasthenia
 - Patient is experiencing an acute crisis with decompression
- Dermatomyositis and Polymyositis
 - Patient is resistant to first and second line therapies
- Established bacterial sepsis
- Severe, active Systemic lupus erythematosus (SLE)
- Autoimmune mucocutaneous blistering diseases
 - pemphigus vulgaris (coverage period is once in a lifetime benefit only)
 - pemphigus foliaceus
 - bullous pemphigoid
 - mucous membrane pemphigoid
 - epidermolysis bullosa
- CIDP
- Multifocal Motor Neuropathy
- Stiff Person Syndrome
- Other indication with published literature supporting use of IVIG: _____

*** All fields must be complete and legible for Prior Authorization Review***
Please fax this request to: (877)974-4411 toll free, or (616)942-8206
YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX

Standard Dosing Recommendations

	Initial dose	Maintenance dose	Frequency	Trough target
Indication	mg/kg	mg/kg		mg/dl
Primary immunodeficiency disorders: a. X-linked agammaglobulinemia b. X-linked immunodeficiency with hyper-IgM c. Hypogammaglobulinemia d. Combined immunodeficiency syndromes Including Wiskott-aldrich syndrome, SCIDs e. Common variable immunodeficiency	400 mg/kg IV or 100 mg/kg SQ	400 mg/kg IV or 100 mg/kg SQ	monthly-IV weekly-SQ	400-600 mg/dl 400-600 mg/dl 400-600 mg/dl 400-600 mg/dl 700-800 or average of low and high
IgG subclass deficiency (see policy)	400 mg/kg	400 mg/kg	monthly	400-600 mg/dl
Acute idiopathic thrombocytopenia purpura (ITP)	1. 1 gm/kg body weight given on 1 or 2 consecutive days; or 2. 400 mg/kg body weight given on each of 2-5 consecutive days			
Chronic ITP	1 or 2g/kg body weight (total cumulative dose) given in equal amounts over 2-5 days	800-1,000 mg/kg body weight	every 2-6 weeks based on platelet counts	
Cancer-related treatments				
Allogenic bone marrow transplant	100-500 mg/kg		monthly	400-600 mg/dl
Chronic B-cell lymphocytic leukemia (CLL)	100-500 mg/kg		monthly	400-600 mg/dl
Multiple myeloma	100-500 mg/kg		monthly	400-600 mg/dl
Infectious diseases				
Kawasaki	400 mg/kg for 4 days or a single dose of 1-2 grams/kg			
Pediatric HIV infection	400 mg/kg		every 28 days	
Autoimmune disorders				
Dermatomyositis & Polymyositis		1-2 gm/kg	monthly	
Autoimmune mucocutaneous blistering diseases	up to 2 gm/kg	up to 2 gm/kg per course of therapy	administered in divided doses over 3- 5 days every 3-4 weeks, monthly up to 6 months	
Neurologic disorders				
Acute & demyelinating polyneuropathies, Guillain Barre	400 mg/kg per day for 5 days	250-400 mg/kg	3 weeks	
CIDP ¹		1 gm/kg	3 weeks	NA
Multifocal motor neuropathy	400 mg/kg per day for 5 days	2 gm/kg 1 gm/kg	6 weeks 3 weeks	NA - Objective evidence of improved EMG or improved muscle strength
Multiple sclerosis-relapsing-remitting type				
Myasthenia gravis & Lambert-eaton myasthenia	400 mg/kg per day for 5 days	not covered	not covered	
Stiff person syndrome				

¹Hughes