Utilization Management
Phone: 1-877-284-0102 Fax: 1-800-510-2162

Specialty Infusion Drugs Precertification Review

Date: _____ Reference #: _____(provided after initial review)
A Utilization Management representative will fax you a reference number by the next business day after receiving this completed form. This reference number does not indicate an approval or denial of benefits, but only proof that the Plan has been notified. This information will be forwarded to the Plan's Managed Care Department. If you have any questions, please call HealthLink at 1-877-284-0102.

Provider Information

Provider/Facility Name: _____

Address: _____

Phone: _____

Fax: _____

Patient Information

Patient Name: _____

Patient DOB: _____

ID Number: _____

Address: _____

Phone: _____

Ordering Physician Information

Physician Name: _____

Address: _____

Phone: _____

Fax: _____

TIN: _____

Treatment Information

Primary Diagnosis: _____

**Diagnosis (ICD-9) Code: _____

J Code	Dosage	Route	Frequency	Start Date	End Date

What setting with the chemotherapy be given? ☐ Inpatient ☐ Outpatient ☐ Home

If inpatient, what is the requested length of stay? _____

Please check which condition IVIG is being used to treat (please check **ALL** applicable fields):

☐ CIDP (initial trial up to 12 weeks) **and** the clinical presentation is not consistent with other polyneuropathies (for example, IgM neuropathy, hereditary neuropathy, diabetic neuropathy) and **ONE** of the following are met:

- ☐ There is proximal muscle weakness or sensory dysfunction caused by neuropathy and nerve conduction studies (NCS) confirm there is electro diagnostic evidence of a demyelinating neuropathy in at least two limbs; **or**

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- ☐ There is distal muscle weakness and results of diagnostic testing meet a recognized set of diagnostic criteria as established by the American Academy of Neurology (AAN), Saperstein, or Inflammatory Neuropathy Cause and Treatment (INTAC).

☐ CIDP (continued use after initial trial) when the following are met:

- ☐ Clinically significant improvement in neurological symptoms as documented on physical examination; **and**
- ☐ Continued need is demonstrated by documentation that attempts on an annual basis to titrate the dose or the interval of therapy result in worsening of symptoms.

☐ Treatment of primary humoral immunodeficiency (e.g., congenital agammaglobulinemia, common variable immunodeficiency (CVID), X-linked immunodeficiency, severe combined immunodeficiency (SCID), Wiskott-Aldrich syndrome) when:

- ☐ There is no evidence of renal (nephrotic syndrome) and gastrointestinal (for example, protein losing enteropathy) as causes of hypogammaglobulinemia; and
- ☐ The initial, pre-treatment total IgG is less than 500 mg/dl.

☐ Treatment of IgG sub-class deficiency (e.g., IgG1, IgG2, IgG3, IgG4) when:

- ☐ One or more serum IgG subclasses are more than two standard deviations below the lower limits of the age adjusted norm; **and**
- ☐ History of recurrent sinopulmonary infections requiring antibiotic therapy; **and**
- ☐ Lack of, or inadequate response to immunization (for example, but not limited to pneumococcal antigen).

☐ Treatment of Kawasaki Syndrome:

- ☐ Within 10 days of onset; **and**
- ☐ Treatment for no more than 5 days

☐ Treatment of immune thrombocytopenia (idiopathic thrombocytopenic purpura [ITP]) **with**:

- ☐ Symptomatic thrombocytopenia (for example, but not limited to hematuria, petechiae, bruising, gastrointestinal bleeding, gingival bleeding); **or**
- ☐ Platelet count less than 20,000 (adult) or 30,000 (child).

☐ Treatment of persons with hypogammaglobulinemia and recurrent bacterial infection associated with B-cell chronic lymphocytic leukemia (CLL) with **both**:

- ☐ Documented history of recurrent bacterial infection or an active infection not responding to antimicrobial therapy; **and**
- ☐ Documentation that total IgG is less than 500 mg/dl.

☐ Multifocal Motor Neuropathy (MMN) initial trial (up to 4 weeks) when **ONE** of the following criteria are met:

- ☐ There is asymmetric weakness that predominantly affects distal muscles (without upper motor neuron signs) **AND** nerve conduction studies confirm a demyelinating neuropathy is present (conduction block, slowing, or abnormal temporal dispersion in at least one nerve); **or**
- ☐ Clinical history and exam do not suggest upper motor neuron disease (no bulbar weakness, no upper motor neuron signs) and labs show that GM-1 antibody titers are elevated; **or**
- ☐ After the initial exam and electrodiagnostic testing clinical presentation suggests MMN but the diagnosis remains uncertain.

☐ Continued use of Ig after initial trial for MMN when the following criteria are met:

- ☐ Clinical results document an improvement in strength and function within three weeks of the start of the infusion period; **and**
- ☐ Continued need is demonstrated by documentation that attempts on an annual basis to titrate the dose or the interval of therapy result in worsening of symptoms.

☐ Antenatal alloimmune thrombocytopenia.

☐ Autoimmune neutropenia.

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☐ Dermatosis, refractory.

☐ Eaton-Lambert myasthenic syndrome treatment.

☐ Guillain-Barre Syndrome (acute demyelinating polyneuropathy) as an equivalent alternative to plasma exchange.

☐ Hyperimmunoglobulinemia E syndrome (HIE).

☐ Myasthenia Gravis, severe refractory.

☐ Polymyositis; routine use of Ig is not recommended. Ig may be considered in individuals with severe polymyositis for whom other treatments have been unsuccessful, have become intolerable, or are contraindicated.

☐ Prior to a medically necessary solid organ transplantation for suppression of panel reactive anti-HLA antibodies in individuals with high panel reactive antibody (PRA) levels to human leukocyte antigens (HLA).

☐ Prevention of infections in high-risk, preterm, low birth weight neonates.

☐ Stiff-person syndrome not controlled by other therapies.

☐ Toxic shock syndrome caused by staphylococcal or streptococcal organisms refractory to several hours of aggressive therapy.

☐ Solid organ transplant recipients at risk for CMV.

☐ Treatment of chronic parvovirus B19 infection and severe anemia associated with bone marrow suppression.

☐ To reduce the risk of graft-versus-host disease associated with interstitial pneumonia (infectious or idiopathic) and infections in allogeneic bone marrow transplant (BMT) recipients in the first 100 days of transplantation.

☐ Prevention of infection in HIV infected children.

☐ Refractory auto-immune mucocutaneous blistering diseases including: Pemphigus vulgaris, pemphigus foliaceous, bullous pemphigoid, mucous membrane pemphigoid, and epidermolysis bullosa aquisita.

☐ Secondary hypoglobulinemia in persons who are immunosuppressed and have a documented total IgG less than 500mg/dl.

Provider Contact Information

Contact Person: _____

Title: _____

Phone: _____

Fax: _____

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