

GAMMAGARD (MEDICARE DETERMINATION)

PHYSICIAN PRIOR AUTHORIZATION REQUEST FORM BlueCross[®] BlueShield[®] of South Carolina

Patient Information	
Name:	Insurance ID #:
Group #:	Birthdate:

Provider Information	
Physician's Name:	Physician DEA #:
Phone:	Fax:
Office Address:	
Diagnosis:	ICD-9 Code:

When this form is complete, please fax to Caremark at 888-836-0730.

This fax machine is in a HIPAA-compliant, secure location. On behalf of BlueCross BlueShield of South Carolina, Caremark assists in the administration of prescription drug programs. Caremark is an independent company that provides pharmacy benefits management.

Call Caremark at 800-294-5979 with any questions concerning prior authorization procedures.

1. Does the patient have a diagnosis of primary immune deficiency disease as identified by one of the five following ICD-9 codes:

- 279.04 Congenital Hypogammaglobulemia
- 279.05 Immunodeficiency with Increased IgM
- 279.06 Common Variable Immunodeficiency
- 279.12 Wiskott-Aldrich Syndrome
- 279.2 Combined Immunity Deficiency

Y N

[If the answer to this question is yes, no further questions are required.]

2. Will this drug be purchased and administered by the physician "incident to" an office visit?

Y N

3. Does the patient have any of the following contraindications to the use of immune globulin?

- Ig-A deficiency with antibodies to IgA and a history of hypersensitivity
- History of an anaphylactic or severe systemic reaction to the administration of human immune globulin
- Intolerance to any of the components of immune globulin (e.g., sorbitol in those considered for Flebogamma or Flebogamma DIF)

Y N

[If the answer to this question is yes, no further questions are required.]

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4. Does the patient have any of the following risk factors for acute renal failure?
- Pre-existing renal insufficiency
 - Diabetes mellitus
 - Advanced age (older than 65 years of age)
 - Volume depletion
 - Sepsis
 - Paraproteinemia
 - Receiving known nephrotoxic drugs
- [If the answer to this question is no, skip to question 6.]
5. Will the patient receive IGIV products at the minimum concentration available and at the minimum rate of infusion practicable?
- [If the answer to this question is no, no further questions are required.]
6. Does the patient have a diagnosis of idiopathic thrombocytopenic purpura (ITP)?
- If the answer to this question is yes, no further questions are required.]
7. Does the patient have a diagnosis of Kawasaki disease?
- [If the answer to this question is no, skip to question 10.]
8. Did the patient have multiple draining enterocutaneous or rectovaginal fistulae when initially evaluated?
- [If the answer to this question is yes, skip to question 24.]
9. Will the patient be treated with high dose aspirin in conjunction with immune globulin therapy?
- [No further questions are required.]
10. Does the patient have a diagnosis of recurrent bacterial infections associated with B-cell chronic lymphocytic leukemia (CLL)?
- [If the answer to this question is yes, no further questions are required.]
11. Is the patient 20 years of age or older and did the patient undergo a bone marrow transplant (BMT) within the past 100 days?
- [If the answer to this question is yes, no further questions are required.]
12. Is the patient younger than 13 years of age with a diagnosis of human immunodeficiency virus (HIV) infection?
- [If the answer to this question is no, skip to question 14.]
13. Has the prescriber considered the use of highly active anti-retroviral therapy (HAART) instead of IGIV therapy?
- [No further questions are required.]
14. Does the patient have a diagnosis of dermatomyositis?
- [If the answer to this question is no, skip to question 16.]
15. Is the first-line treatment with corticosteroids a therapeutic option for the patient?
- [No further questions are required.]
16. Does the patient have a diagnosis of Guillain-Barre' syndrome?
- [If the answer to this question is no, skip to question 19.]

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17. Is the physical mobility of the patient severely impacted such that the patient requires assistance with activities like walking?
[If the answer to this question is no, no further questions are required.] Y N
18. Has the disorder been diagnosed during the first four weeks of illness?
[No further questions are required.] Y N
19. Has the patient received a hematopoietic stem cell transplant within the past 100 days?
[If the answer to this question is no, skip to question 21.] Y N
20. Does the patient have an IgL level < 400 Mg/dL?
[No further questions are required.] Y N
21. Does the patient have a diagnosis of multifocal motor neuropathy?
[If the answer to this question is yes, no further questions are required.] Y N
22. Does the patient have a diagnosis of relapsing-remitting multiple sclerosis?
[If the answer to this question is no, skip to question 24.] Y N
23. Is the patient refractory to standard therapy?
[No further questions are required.] Y N
24. Does the patient have a diagnosis of chronic inflammatory demyelinating polyneuropathy (CIDP)?
[If the answer to this question is yes, no further questions are required.] Y N
25. Will IVIG be used in a pregnant woman for the treatment of neonatal alloimmune thrombocytopenia?
[If the answer to this question is yes, no further questions are required.] Y N
26. Does the patient have a diagnosis of myasthenia gravis?
[If the answer to this question is yes, no further questions are required.] Y N
27. Does the patient have a diagnosis of polymyositis?
[If the answer to this question is no, skip to question 29.] Y N
28. Is first-line treatment with corticosteroids or other immunosuppressants a therapeutic option for the patient?
[No further questions are required.] Y N
29. Does the patient have pure red cell aplasia secondary to parvovirus B19 infection?
[If the answer to this question is no, skip to question 14.] Y N

Comments: _____

Information on this form is accurate as of the date below.

Prescriber's Signature: 	Date:
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