

OPTIMA HEALTH PLAN

PHARMACY/MEDICAL PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to 1-844-202-5034. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct.

Drug Requested: **Immune Globulin, Intravenous (IVIG) (immunodeficiency)**
 {Primary Immune Deficiency}

DRUG INFORMATION: Complete all information below. If incomplete, authorization process will be delayed.

Circle applicable J Code: **J1459 / J1556 / J1561 / J1566 / J1568 / J1569 / J1572**

Drug Name/Form: _____ **Strength/Month:** _____

Dosing Schedule: _____ **Length of Therapy:** _____

Diagnosis: _____ **ICD Code:** _____

Continuation of Therapy for Primary Immune Deficiency: Yes No

Medical notes and Labs values must be submitted to support each line checked on this request.

CLINICAL DIAGNOSIS: Check ALL applicable boxes below. Authorization process will be delayed if not completed.

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> Severe combined immunodeficiency <input type="checkbox"/> X-linked or autosomal recessive agammaglobulinemia <input type="checkbox"/> Common variable immunodeficiency <input type="checkbox"/> Wiskott-Aldrich syndrome | <ul style="list-style-type: none"> <input type="checkbox"/> CD40 ligand deficiency (X-linked hyper-IgM syndrome) <input type="checkbox"/> Nuclear factor of $\kappa\beta$ essential modifier deficiency <input type="checkbox"/> Ataxia-telangiectasia <input type="checkbox"/> DiGeorge Syndrome |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

The following diagnoses MUST meet ALL of the following additional criteria:

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> IgG subclass deficiency <input type="checkbox"/> IgA deficiency <input type="checkbox"/> Specific antibody deficiency <input type="checkbox"/> Transient hypogammaglobulinemia of infancy <input type="checkbox"/> Unspecified hypogammaglobulinemia | <ul style="list-style-type: none"> <input type="checkbox"/> Significant and clearly documented infectious morbidity such as recurrent pneumonia, frequent episodes of documented bacterial sinusitis (not isolated chronic sinusitis) <input type="checkbox"/> Allergy, anatomic defects, and other causes of increased infection susceptibility have been aggressively treated <input type="checkbox"/> Failure of antimicrobial and anti-inflammatory therapies |
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CLINICAL CRITERIA: Check one of the following below. The criteria MUST be met to qualify.

- IgG level <500 mg/dL (must submit copy of lab results from past 6 months) **AND** medical documentation showing recurrent infections and a concurrent diagnosis as above

AND

- Documented abnormal response to streptococcal vaccines (i.e., 4 fold increase in titers) to protein and polysaccharide antigens. (must submit copy of documentation of administration as well as streptococcal vaccine laboratory titer results at least 4 weeks after administration)

OR

(signature on next page)

FOR CONTINUATION OF THERAPY

- Documented history of humoral or combined immunodeficiency with claims for IVIG (*must submit documentation showing paid claims for IVIG*)

Medication being provided by (check applicable box below):

- Physician's office

OR

- Specialty Pharmacy: Briova SpecialtyRx

****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.****

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

*Approved by Pharmacy and Therapeutics Committee: 7/16/2015

REVISED/UPDATED: 8/26/2015; 1/29/2016; 8/48/2016; 9/22/2016; 11/29/2016; 12/13/2016; 9/15/2017; 10/6/2017;