Office of Medical Assistance Programs
Fee-for-Service, Division of Pharmacy
Phone 1-800-537-8862 Fax 1-866-327-0191

pennsylvania
DEPARTMENT OF HUMAN SERVICES

IMMUNE GLOBULINS PRIOR AUTHORIZATION FORM

Prior authorization guidelines for **Immune Globulins** are available on the DHS Pharmacy Services website at https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/default.aspx.

☐New request ☐Renewal request	# of pages: _________	Prescriber name:	
Name of office contact:		Specialty:	
Contact's phone number:		NPI:	State license #:
Facility contact/phone:		Street address:	
Beneficiary name:		City/state/zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:

CLINICAL INFORMATION

Product requested:

☐Asceniv 10% vial	☐Gammagard 10% vial	☐Gamunex-C 10% vial	☐Panzyga 10% vial
☐Bivigam 10% vial	☐Gammagard S-D 5 gm vial	☐Hizentra 20% syringe	☐Privigen 10% vial
☐Cutaquig 16.5% vial	☐Gammagard S-D 10 gm vial	☐Hizentra 20% vial	☐Xembify 20% vial
☐Cuvitru 20% vial	☐Gammaked 10% vial	☐Hyqvia 10% pack vial	☐other:
☐Flebogamma DIF 5% vial	☐Gammaplex 5% vial	☐Octagam 5% vial	______________________
☐Flebogamma DIF 10% vial	☐Gammaplex 10% vial	☐Octagam 10% vial	______________________

List all package sizes and quantities requested per fill:

Package size to be used: ___________ grams	Package size to be used: ___________ grams	Package size to be used: ___________ grams
# of vials of this package size: ________ vials	# of vials of this package size: ________ vials	# of vials of this package size: _______ vials

Directions, grams per dose, frequency, route of administration:	Refills/requested duration:
	Beneficiary's weight: _______________ kg
What is the beneficiary's diagnosis?	*Submit documentation confirming diagnosis, such as chart notes, lab results, etc.*
What is the corresponding diagnosis code?	

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SPECIALTY PHARMACY DRUG PROGRAM: Most Immune Globulins are included in the DHS Specialty Pharmacy Drug Program and are available from DHS's specialty pharmacy. Refer to https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Specialty-Pharmacy-Program.aspx for more information about the Specialty Pharmacy Drug Program.	**DHS specialty pharmacy:** Chartwell Pennsylvania, LP Oakdale, PA Phone: 833-710-0211 Fax: 412-920-1869 www.chartwellpa.com
INITIAL Requests	
Is the beneficiary's diagnosis and prescribed dose listed in either the agent's package insert OR nationally recognized compendia of medically accepted indications for off-label uses?	☐Yes ☐No – *Submit documentation of peer-reviewed medical literature supporting the use/dose of the requested agent for the beneficiary's diagnosis.*
RENEWAL Requests	
Since the requested medication was started, has the beneficiary experienced a positive clinical response to therapy?	☐Yes – *Submit documentation of response.* ☐No

PLEASE FAX COMPLETED FORM WITH SUPPORTING CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION

Prescriber Signature:	Date:

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