



# Arkansas BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

## Prior Authorization Form

### Arkansas Blue Cross and Blue Shield (Medicare) Medi-Pak Rx (PDP) and Medi-Pak Advantage (PFFS) Immune Globulins (Medicare B vs. D)

This fax machine is located in a secure location as required by HIPAA regulations.  
Complete/review information, sign and date. Fax signed forms to CVS|Caremark at 1-888-836-0730.  
Please contact CVS|Caremark at 1-800-294-5979 with questions regarding the prior authorization process.  
When conditions are met, we will authorize the coverage of Immune Globulins (Medicare B vs. D).

Drug Name(specify drug) \_\_\_\_\_

#### Patient Information

Patient

Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Patient

Group No.: \_\_\_\_\_

Patient

DOB: \_\_\_\_\_

#### Prescribing Physician

Physician

Name: \_\_\_\_\_

Physician

Phone: \_\_\_\_\_

Physician

Fax: \_\_\_\_\_

Physician

Address: \_\_\_\_\_

City, State,

Zip: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD

Code: \_\_\_\_\_

Please circle the appropriate answer for each applicable question.

1. Does the patient have a diagnosis of primary immune deficiency disease as identified by one of the five following ICD-9 codes:      Y      N
- 279.04 Congenital Hypogammaglobulinemia
  - 279.05 Immunodeficiency with Increased IgM
  - 279.06 Common Variable Immunodeficiency
  - 279.12 Wiskott-Aldrich Syndrome
  - 279.2 Combined Immunity Deficiency

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

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

Comments: \_\_\_\_\_

I affirm that the information given on this form is true and accurate as of this date.

\_\_\_\_\_  
Prescriber (Or Authorized) Signature and Date



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