

# Springfield Neurology Associates

400 Medical Center Drive, Suite 310 | Springfield, IL 62701 | Tel: (555) 301-4490 | Fax: (555) 301-4499

January 20, 2026

## LETTER OF MEDICAL NECESSITY

---

**RE:** Marcus Webb | DOB: 03/15/1968 | Diagnosis: D83.9 — Common Variable Immunodeficiency, unspecified

**TO:** BlueCross Premier — Prior Authorization Department

To Whom It May Concern,

I am writing to request prior authorization for Intravenous Immune Globulin (IVIG) replacement therapy for my patient, Marcus Webb (DOB: 03/15/1968).

### DIAGNOSIS AND CLINICAL HISTORY

Mr. Webb carries a confirmed diagnosis of Common Variable Immunodeficiency (CVID), ICD-10 D83.9. He presents with a documented IgG deficiency (most recent serum IgG: 285 mg/dL; reference range 700–1600 mg/dL) and a history of recurrent sinopulmonary infections requiring repeated antibiotic courses over the past 18 months. Despite prophylactic antibiotic therapy, he has experienced four documented respiratory infections in the prior year, consistent with inadequate humoral immunity.

### MEDICAL NECESSITY

IVIG replacement is the established, evidence-based standard of care for CVID. Regular infusions restore physiologic IgG levels, reduce the frequency and severity of infections, and prevent long-term complications including bronchiectasis and end-organ damage. Home infusion is appropriate given the patient's stable clinical status and confirmed access.

### REQUESTED THERAPY

**Drug:** Intravenous Immune Globulin (IVIG)

**Dose:** Per prescription

**Frequency:** Every 28 days

**Route:** Intravenous (IV)

**Setting:** Home infusion

I certify that this therapy is medically necessary for Mr. Webb's condition and that the clinical information provided is accurate to the best of my knowledge.

Sincerely,

**Elena Vasquez, MD**

Board-Certified Neurologist / Clinical Immunologist

NPI: 1558423670

Springfield Neurology Associates

evasquez@springfieldneurology.com | (555) 301-4490