

BlueCross Premier
Prior Authorization Request — Specialty Drug / Home Infusion

SECTION 1 — PATIENT INFORMATION

LAST NAME	FIRST NAME	DATE OF BIRTH
Webb	Marcus	03/15/1968

SECTION 2 — INSURANCE INFORMATION

MEMBER ID	GROUP NUMBER	PLAN TYPE
BCX-447821055	BCX-GRP-9943	Commercial PPO

SECTION 3 — PRESCRIBING PHYSICIAN

PRESCRIBING PHYSICIAN	NPI	PHONE
Dr. Elena Vasquez	1558423670	(555) 301-4490
PRACTICE / CLINIC		FAX
Springfield Neurology Associates		(555) 301-4499

SECTION 4 — REQUESTED DRUG & DIAGNOSIS

DRUG NAME	DOSE (grams)	FREQUENCY	ROUTE
Gammagard Liquid 10%	35g	Every 28 days	IV
ICD-10 CODE	DIAGNOSIS DESCRIPTION		
D83.9	Common Variable Immunodeficiency, unspecified		

SECTION 5 — REQUESTING FACILITY

FACILITY NAME	NPI	PHONE
CareIG Specialty Pharmacy	1234567893	(555) 900-4400
ADDRESS		EIN
1100 Medical Pkwy, Suite 200, Chicago, IL 60601		47-3821056

SECTION 6 — CLINICAL SUMMARY

Attach: Physician Letter of Medical Necessity, most recent IgG lab, most recent progress note. All supporting documents must be included. Incomplete submissions will be returned.