



Prior Authorization Request Form
Commercial Medical — Specialty Injectable / Home Infusion

FOR OFFICE USE ONLY

Received Date: _____
PA Case #: _____
Assigned To: _____

Submit to: pa@aetna.com PA Phone: (800) 555-7221 Fax: (800) 555-7222

Date of Request:
04/07/2026

SECTION 1 — PATIENT INFORMATION

Last Name:	Vasquez	First Name:	Maria Elena
Date of Birth:	03/15/1971	Sex:	Female
Member ID:	AET847392018	Group ID:	GRP29341
Address:	4821 SW 112th Avenue, Miami, FL 33165	Phone:	(305) 555-4892

SECTION 2 — REQUESTING PROVIDER

Provider Name:	James T. Harrington, MD	NPI:	1073541867
Practice:	Miami Neurology & Immunology Assoc.	Specialty:	Clinical Immunology
Address:	8900 N. Kendall Drive, Suite 201, Miami, FL 33176	DEA:	BH3421987
Phone:	(305) 555-8800	Fax:	(305) 555-8801
Tax ID:	59-3842017	PTAN:	FL-PT-2018-44821

SECTION 3 — SERVICING PROVIDER / HOME INFUSION AGENCY

Agency Name:	CareIG Specialty Pharmacy	NPI:	1234567893
Address:	8500 NW 36th Street, Suite 450, Doral, FL 33166	Phone:	(305) 555-0100
Fax:	(305) 555-0101	License #:	PH-FL-034821

SECTION 4 — REQUESTED SERVICE

Drug Name:	Privigen (Immune Globulin Intravenous [Human], 10%)	HCPCS:	J1459
NDC:	44206-0451-01	Units per Infusion:	70 units (500 mg/unit = 35,000 mg = 35 g)
Dose:	35 g per infusion	Route:	Intravenous (peripheral IV)
Frequency:	Every 4 weeks (Q4W)	Duration Requested:	12 months
Start Date:	04/14/2026 (estimated)	Infusion Setting:	Home Infusion

SECTION 5 — DIAGNOSIS

Primary ICD-10:	D83.9	Description:	Common Variable Immunodeficiency (CVID), unspecified
Secondary ICD-10:	Z15.89	Description:	Genetic susceptibility to other disease (Factor V Leiden carrier)
IgG Level (date):	782 mg/dL (02/14/2026)	Target Trough:	>700 mg/dL

SECTION 6 — CLINICAL INFORMATION & STEP THERAPY

Agent Trialed	Duration	Outcome
Gamunex-C (10%)	Feb – Jul 2024 (6 months)	Systemic infusion reactions (flushing, rigors, grade 2 headache); premedication insufficient
Octagam (10%)	Aug – Nov 2024 (4 months)	Discontinued per hematology recommendation; Factor V Leiden carrier — hypercoagulability risk

Clinical Justification / Notes:	Patient has documented CVID with IgG <400 mg/dL on two separate pre-treatment measurements. She experienced four hospitalization-level infections in 18 months prior to therapy. Current IgG trough on Privigen: 782 mg/dL (02/14/2026). No hospitalizations or serious infections in past 16 months on Privigen. Formulary exception letter attached (formulary_exception.pdf). Letter of Medical Necessity attached (lmn_Harrington.pdf). Most recent IgG lab result attached (igglevel_02142026.pdf). Most recent progress note attached (progress_note_03182026.pdf).
--	---

SECTION 7 — PROVIDER ATTESTATION & SIGNATURE

I certify that the information provided in this prior authorization request is accurate, complete, and supported by the attached clinical documentation. The requested therapy is medically necessary for this patient based on the diagnosis and clinical history described above. I understand that submission of false information may result in denial of the request and/or referral for fraud investigation.

Ordering Provider Signature:	James T. Harrington, MD (electronic signature on file)	Date:	04/07/2026
Printed Name:	James T. Harrington, MD	NPI:	1073541867
Prepared By (CareIG):	P. Nair, BVS — CareIG Specialty Pharmacy	Date:	04/07/2026

SECTION 8 — ATTACHED SUPPORTING DOCUMENTATION

- Letter of Medical Necessity (lmn_Harrington.pdf) — Dated 03/24/2026
- Most Recent IgG Lab Result (igglevel_02142026.pdf) — SunCoast Ref. Labs, 02/14/2026
- Most Recent Physician Progress Note (progress_note_03182026.pdf) — Dated 03/18/2026
- Formulary Exception Letter (formulary_exception.pdf) — Dated 04/07/2026
- PA Denial Letter (if resubmission) — N/A

