

Prior Authorization Checklist

SHIRE'S RESOURCE
HELPLINE

1-888-229-8379

Example Documents Useful for Prior Authorizations, Reauthorizations and Appeals

LABORATORY REPORTS

- Complete Blood Count (CBC) with differential, if applicable
- Total immunoglobulin levels (IgG, IgM, IgA)
- Specific antibody titer measurements via vaccine challenge (if applicable)
 - Pneumococcal
 - Diphtheria
 - Tetanus
- Genetic testing confirming the diagnosis, if applicable

This is not an algorithm for the diagnosis of primary immunodeficiency. For an algorithm, please refer to the AAAAI/ACAAI Practice parameter for the diagnosis and management of primary immunodeficiency referenced on back page.

CLINICAL RECORDS

Medical History

- History of infections
 - Onset
 - How many infections per year
 - Site of infections
 - Severity of infections
 - Hospitalizations
- How many episodes of infections?
- IV antibiotic use
 - Courses of antibiotics per year
 - Types of antibiotics used
 - Duration of antibiotic treatment

- Control of underlying conditions, such as asthma or allergic rhinitis
- Diagnostic imaging
- Previous use of IgG treatment and response
- Hospitalizations due to infection
- History of surgeries

Diagnosis

- Type of primary immunodeficiency

Reauthorization

- Response to IgG treatment
- Revaccination testing (after any cessation of IgG treatment)
- Physical examination

Top Reasons Prior Authorization May Be Denied:

- Some of the required information is missing to substantiate the need for IgG treatment
- Health plan is unfamiliar with the subtleties of PI diagnosis

How to Construct an Effective Appeal Letter

- **Be prompt**—an immediate appeal letter can help initiate IgG treatment as soon as possible to reduce the risk of further patient infections or complications
- **Be precise**—quantify episodes of infection, courses and duration of antibiotics, and other specific laboratory reports and clinical records including chest x-rays
- **Document serious infections and complications** that have not responded to medical or surgical intervention
- **Turn to national guidelines** (e.g., AAAAI and ACAAI) for references to support your diagnosis
- **Solicit a second opinion** from an HCP who is qualified to review the case and write a letter to support the need for IgG treatment
- **Provide the names of well-known immunologists** who have published scientific research on the diagnosis in question and request that they serve as peer reviewers, should the insurer deem that step necessary

Should you need to file an appeal, consider supporting your case with national guidelines or other literature including the following:

Orange JS, Grossman WJ, Navickis RJ, Wilkes MM. Impact of trough IgG on pneumonia incidence in primary immunodeficiency: A meta-analysis of clinical studies. *Clin Immunol*. 2010;137(1):21-30.

Bonilla FA, Bernstein IL, Khan DA, et al. Practice parameter for the diagnosis and management of primary immunodeficiency. *Ann Allergy Asthma Immunol*. May 2005;94(5 Suppl 1):S1-63.

Orange JS, Ballow M, Stiehm ER, et al. Use and interpretation of diagnostic vaccination in primary immunodeficiency: a working group report of the Basic and Clinical Immunology Interest Section of the American Academy of Allergy, Asthma & Immunology. *J Allergy Clin Immunol*. Sep 2012;130(3 Suppl):S1-24.

American Academy of Allergy, Asthma & Immunology (AAAAI) website: www.aaaai.org.

American College of Allergy, Asthma & Immunology (ACAAI) website: www.acaaai.org

For further assistance, contact the Shire's Resource Helpline at 1-888-229-8379

**SHIRE'S RESOURCE
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The Shire Resource Helpline can:

- Perform benefits verification to help identify in-network providers for each patient
- Research specific prior authorization requirements for each plan and provide guidance on this process

We are here for you.

- **Monday-Friday**
8:30 am – 5:30 pm (ET)
- After hours, leave a message for a call-back the next business day.