



PRIOR AUTHORIZATION REQUEST FORM
Individual and Family Plans

Alpha-1 Proteinase Inhibitors

Fax back to: (833) 605-4407

Phone: (215) 991-4300

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.

Form with fields: Patient Name, Prescriber Name, Member Number, Date of Birth, Line of Business, Address, City, State ZIP, Primary Phone, Fax, Phone, Office Contact, NPI, State Lic ID, Specialty/facility name (if applicable).

REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

Form with fields: Drug Name, Strength, Directions / SIG.

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Q1. Is the member 18 years of age or older?

Yes checkbox

No checkbox

Q2. Does the member have a diagnosis of emphysema due to severe congenital deficiency of Alpha1-P1?

Yes checkbox

No checkbox

Q3. Has the drug been prescribed by or in consultation with a pulmonologist?

Yes checkbox

No checkbox

Q4. Does the member have Immunoglobulin A (IgA) deficiency with known antibodies to IgA?

Yes checkbox

No checkbox

Q5. Has, included with the request, documentation of testing that confirms one of the following homozygous protein phenotypes: Pi*ZZ, Pi*Z(null) or Pi*(null)(null) AND labs that show baseline (pretreatment) serum alpha1-antitrypsin concentration of less than 11 micromol/L as documented



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Patient Name:	Prescriber Name:
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by either of the following: less than 57mg/dL as determined by nephelometry OR less than 80mg/dL as determined by radial immunodiffusion)?

Yes

No

Q6. Additional Information:

Prescriber Signature

Date

v2025