FUTURE SCRIPTS

Please complete ALL information below and fax your request to 1-888-671-5285

Prolastin® C Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)

Medication Name:	Strength:	Dosage Form:
❑ Check if **generic substitution** is acceptable ❑ Check if request is for **continuation of therapy**	Directions for Use:	

Clinical Information (required)

Select the diagnosis below:

❑ Congenital alpha-1 antitrypsin (AAT) deficiency

❑ Other diagnosis: _____ ICD-10 Code(s): _____

Clinical Information:

Does the patient have Pi*ZZ, Pi*Z(null), or Pi*(null)(null) protein phenotype (homozygous)? ❑ **Yes** ❑ **No**

Does the patient have other rare AAT disease-causing alleles associated with serum alpha1-antitrypsin (AAT) level less than 11 micromole per liter [e.g., Pi (Malton, Malton)]? ❑ **Yes** ❑ **No**

Is circulating serum concentration of alpha1-antitrypsin (AAT) less than 11 micromole per liter (which corresponds to less than 80mg/dL if measured by radial immunodiffusion or less than 57 mg/dL if measured by nephelometry)? ❑ **Yes** ❑ **No**

Does the patient have a diagnosis of emphysema? ❑ **Yes** ❑ **No**

Is there continued optimal conventional treatment for emphysema (e.g., bronchodilators)? ❑ **Yes** ❑ **No**

Is the patient's FEV1 level between 30% and 65% of predicted? ❑ **Yes** ❑ **No**

Has the patient experienced a rapid decline in lung function (i.e., reduction of FEV1 more than 120mL/year) that warrants treatment? ❑ **Yes** ❑ **No**

Is the patient a current smoker? ❑ **Yes** ❑ **No**

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

_____

_____

Please note: This request may be denied unless all required information is received.