



Prolastin-C

Express Scripts
Prior Authorization
Phone 1-844-424-8886
Fax 1-877-251-5896

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
You may also send your request via email to: medicarepartdparequests@express-scripts.com

Form with fields: Member's Last Name, Member's First Name, SCAN ID number, Date of Birth, Prescriber's Name, Contact Person, Office phone, Office Fax.

Form with fields: Medication, Diagnosis.

This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

SECTION A Please answer the following questions

1. What is the member's diagnosis or indication?

Four horizontal lines for text entry.

- 2. Yes No Is the diagnosis or indication for chronic augmentation and maintenance therapy in adults with emphysema due to deficiency of alpha1-proteinase inhibitor (Alpha1-PI, alpha1-antitrypsin deficiency)?
3. Yes No Is Alpha1-antitrypsin deficiency associated with clinically evident emphysema in patients with PiZZ, PiZ(null), Pi(null)(null) or PiSZ genotypes?
4. Yes No Will Prolastin/Prolastin C be used in IgA deficient patients with antibodies against IgA?
5. Yes No Is Prolastin/Prolastin C being prescribed by a Pulmonologist?

6.  Yes  No Is the medication supplied by Retail, Home Infusion, Long Term Care (LTC) or other pharmacies?
7.  Yes  No Is the medication supplied and administered by a Physician's office?  
 (Document how medication is being supplied): \_\_\_\_\_
- \_\_\_\_\_

***Please document the symptoms and/or any other information important to this review:***

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**SECTION B** Physician Signature

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PHYSICIAN SIGNATURE

\_\_\_\_\_

DATE

**FAX COMPLETED FORM TO: 1-877-251-5896**

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.scanhealthplan.com>