Jefferson Health Plans

PRIOR AUTHORIZATION REQUEST FORM

Individual and Family Plans

Jascayd

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.

Patient Name:	**Prescriber Name:**
Member Number:	Fax: Phone:
Date of Birth:	Office Contact:
Line of Business: □ Exchange - PA	NPI: State Lic ID:
Address:	Address:
City, State ZIP:	City, State ZIP:
Primary Phone:	**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.

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 request for a reauthorization of Jascayd? If YES, go to 2. If NO, go to 3.

☐ Yes ☐ No

Q2. The patient has experienced a positive response to therapy (e.g., reduction in decline of forced vital capacity (FVC) from baseline).

☐ Yes ☐ No

Q3. The member is 12 years of age or older.

☐ Yes ☐ No

Q4. The member is prescribed a dose that is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature.

☐ Yes ☐ No

Q5. The drug is being prescribed by or in consultation with a pulmonologist.

☐ Yes ☐ No

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Patient Name:	**Prescriber Name:**

Q6. What is the diagnosis?

☐ a. Idiopathic Pulmonary Fibrosis (IPF) - go to 7

☐ b. Progressive Pulmonary Fibrosis (IPF) - go to 8

Q7. For Idiopathic Pulmonary Fibrosis (IPF), ONE of the following:

☐ a. Diagnosis of IPF confirmed by high-resolution computed tomography (HRCT) or lung biopsy with usual interstitial pneumonia (UIP) pattern

☐ b. For probable or indeterminate UIP pattern on HRCT, diagnosis of IPF is also confirmed by surgical lung biopsy, cellular analysis of bronchoalveolar lavage fluid, transbronchial lung cryobiopsy

Q8. For IPF, there is documentation of ALL of the following:

☐ a. Baseline forced vital capacity (FVC) 45% of predicted

☐ b. Baseline carbon monoxide diffusing capacity (DLCO) 25% of predicted

☐ c. Other known causes of interstitial lung disease have been excluded (ie, domestic, and occupational environmental exposures, connective tissue disease, drug toxicity)

☐ d. If prescribed in combination with nintedanib or pirfenidone, documentation supports inadequate response to monotherapy with nintedanib or pirfenidone at maximally indicated doses

Q9. For Progressive Pulmonary Fibrosis (PPF), there is documentation of a diagnosis of ONE of the following interstitial lung diseases (ILD):

☐ a. Autoimmune ILD (e.g., rheumatoid arthritis-related ILD, mixed connective tissue disease-associated ILD,systemic sclerosis-associated ILD)

☐ b. Hypersensitivity pneumonitis

☐ c. Unclassifiable idiopathic interstitial pneumonia

☐ d. Idiopathic nonspecific interstitial pneumonia

☐ e. Other ILDs (ie, sarcoidosis, exposure-related ILDs, other non-autoimmune ILDs)

Q10. For PPF, the member has greater than 10% fibrotic features on HRCT within the past 24 months.

☐ Yes ☐ No

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Q11. For PPF, there is documentation of ONE of the following clinical signs of progression on HRCT within the past 24 months:

☐ a. FVC decline greater than or equal to 10%

☐ b. FVC decline greater than or equal to 5% and less than 10% with worsening of respiratory symptoms or imaging

☐ c. Worsening of respiratory symptoms and an increased extent of fibrotic changes on imaging

Q12. If prescribed in combination with nintedanib, documentation supports inadequate response to monotherapy with nintedanib at maximally indicated doses.

☐ Yes ☐ No

Q13. There is documentation of both of the following:

☐ a. Baseline FVC 45% of predicted ☐ b. Baseline DLCO 25% of predicted

Q14. Additional Information:

Prescriber Signature

Date

v2026