



PRIOR AUTHORIZATION REQUEST FORM
Individual and Family Plans

Haegarda
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: <input type="checkbox"/> 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. Has the patient been previously approved for Haegarda?

☐ Yes

☐ No

Q2. Is there confirmation that the patient has had a reduction in severity or duration of attacks?

☐ Yes

☐ No

Q3. Does the patient have a documented diagnosis of hereditary angioedema (HAE)?

☐ Yes

☐ No

Q4. Is there confirmation that Haegarda is being used for the prophylaxis of HAE?

☐ Yes

☐ No

Q5. Is the member taking Haegarda in combination with another approved treatment for prophylaxis against HAE attacks?

☐ Yes

☐ No



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Patient Name:	Prescriber Name:
Q6. Is the patient 6 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q7. Is Haegarda being prescribed by or in consultation with an allergist, immunologist, pulmonologist or prescriber who specializes in the management of HAE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q8. Additional Information:	

Prescriber Signature

Date

v2025