



Alpha-1 Antitrypsin Deficiency Referral Quick Check

1 Enrollment Form

- Type cvs.co/alpha1-enrollment into your browser
- Complete the six simple steps to submitting a referral
- Use this card for helpful Alpha-1 referral information
- Contact your concierge service team for a personalized form
- Have you already filled out another form? No problem! Just send it to us, and we'll take it from there.

2 Essential Data

Patient demographics, including non-smoker documentation and insurance card(s)

Prescription with drug name, dose and frequency

Diagnostic test results (e.g., pulmonary function tests including FEV1 volume, graded exercise, Alpha-1 level, phenotype, arterial blood glass, liver function, CT scan, x-ray confirming emphysema, etc.)

H&P, including height, weight, allergies, clinical history of emphysema, family history of Alpha-1, treatment history, infection history and hospitalization history, homebound status, etc.

Letter of medical necessity (if available)

Immunology profile, including IgA level (if applicable)

3 Common ICD-10 Code*

ICD-10 Code	Description
E88.01	Alpha-1 Antitrypsin Deficiency

*Common ICD-10 codes for Alpha-1 therapy; visit www.icd10data.com for a complete list.

4 Alpha-1 Treatment Options

Medications:

Aralast NP
Glassia
Zemaira

Site of care:

Home infusion**
Coram® AIS
Physician's office/
other infusion clinic†

Nursing support:

Tailored care
Education training
Lifestyle support

5 Concierge Service Team

Centralized Referral Intake:

Phone: 1-866-899-1661

Fax: 1-866-843-3221

Email: DL-NCCNEWREFERRAL@cvshealth.com

Specialty care, made better together™

- 98% Alpha-1 service coverage across the continental U.S.
- Expedited patient onboarding with PA support, clinical appeals and connections to financial resources
- Coram's Alpha-1 Patient Advocate Program available from therapy start throughout ongoing treatment
- Alpha-1-experienced pharmacists and care coordinators plus specially trained infusion nurses
- Only home infusion provider accredited by The Joint Commission and received 95% patient satisfaction¹

FEV1 (Forced expiratory volume in 1 second). CT (Computerized tomography). H&P (History and physical). AIS (Ambulatory infusion suite). PA (Prior authorization).

1. Coram CVS Specialty® Infusion Services Press Ganey Patient Satisfaction Scores, 2021.

**Home infusion/Coram AIS: diluents, flushes, supplies, nursing services or drug administration/therapy teach train.

†Prescriber's office/other infusion clinic: drug available for facility administration only.

Patient privacy is important to us. Our employees are trained regarding the appropriate way to handle patients' private health information.

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