

Alpha 1-Proteinase Inhibitor Human



Included Products: Aralast NP, Glassia, Prolastin-C, Zemaira

Nonformulary for outpatient benefit. PA required on medical benefit.

Created: 12/02/2011

Revised: 12/02/2011

Reviewed: 09/12/2013

Updated: 09/23/2021

All Diagnoses			
Initial Criteria		If yes	If no
1.	Is the member a current smoker?	Continue to #2.	Continue to #3.
2.	Is the member enrolled in a smoking cessation program and abstinent for at least 6 months?	Continue to #3.	Do not approve. Consult with provider.
3.	Is the request from a pulmonologist?	Continue to #4.	Do not approve.
4.	Does the member have ZZ or Z/null AAT deficiency?	Continue to #5.	Do not approve.
5.	Does the member have an AAT serum level \leq 11 μ M or 50mg/dL?	Continue to #6.	Do not approve.
6.	Does the member have a diagnosis of moderate emphysema and/or an FEV1 between 30-65%?	Continue to #7.	Do not approve.
7.	Is the member currently undergoing or has undergone: <ul style="list-style-type: none"> a. Pulmonary rehabilitation, and b. Weight loss and nutritional support, if indicated. 	Continue to #8.	Do not approve.
8.	Has the provider outlined specific, measurable treatment goals such as: <ul style="list-style-type: none"> a. Slowing of FEV1 decline, and b. Lack of disease progression. 	Continue to #9.	Do not approve.
9.	Approve for 12 weeks.		

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Renewal Criteria		If yes	If no
1.	Is the member meeting treatment goals?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		