GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GEORGIA MEDICAID FEE-FOR-SERVICE
ENZYME INHIBITORS, SYSTEMIC PA SUMMARY

Preferred	Non-Preferred
Aralast-NP (alpha-1 proteinase inhibitor [human] intravenous solution)	n/a
Glassia (alpha-1 proteinase inhibitor [human] intravenous solution)	
Prolastin-C (alpha-1 proteinase inhibitor [human] intravenous solution)	
Zemaira (alpha-1 proteinase inhibitor [human] intravenous solution)	
Zokinvy (lonafarnib)	

LENGTH OF AUTHORIZATION: 1 year

NOTES:

- **The criteria details below are for the outpatient pharmacy program.** If a medication is being administered in a physician's office or clinic, then the medication must be billed through the DCH physician services program and not the outpatient pharmacy program. Information regarding the physician services program is located at www.mmis.georgia.gov.
- All agents require prior authorization (PA).

PA CRITERIA:

Aralast-NP, Glassia, Prolastin-C and Zemaira

- Approvable for members 18 years of age or older with a diagnosis of congenital deficiency of alpha-1 proteinase inhibitor (alpha-1 antitrypsin deficiency) confirmed by genetic testing of alleles associated with alpha-1 antitrypsin deficiency (AATD) with clinically evident emphysema

AND

- Members must have an alpha-1 antitrypsin (AAT) plasma level less than 11 umol/L and a forced expiratory volume in one second (FEV_1) of 30-65% of predicted or a documented rate of decline in FEV_1.
- Medication must be administered in member's home or in a long-term care facility.
- Medication must be prescribed by or in consultation with a pulmonologist or specialist in alpha-1 antitrypsin deficiency.

Zokinvy

- Approvable for members 1 year or older with a body surface area (BSA) of 0.39 m^2 or greater and a diagnosis of
  - Hutchinson-Gilford Progeria Syndrome (HGPS) confirmed by genetic testing of G608G (c.1824C>T[p.Gly608Gly]) pathogenic variant in the *LMNA* gene

OR

- Processing-deficient Progeroid Laminopathies confirmed by genetic testing of heterozygous *LMNA* mutation with progerin-like protein accumulation or homozygous or compound heterozygous ZMPSTE24 mutations

AND

- Member must have at least one of the following clinical characteristics
  - failure to thrive in the first year of life
  - characteristic facial appearance with micrognathia, prominent eyes and circumoral cyanosis
  - alopecia and prominent scalp veins
  - sclerotic skin changes with outpouching and dimpling/mottling especially on the abdomen
  - decreased joint range of motion and joint contracture.
- Medication must be prescribed by or in consultation with a geneticist, metabolic disorder specialist or progeria specialist.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827.**

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to http://dch.georgia.gov/preferred-drug-lists.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on Other Documents, then select the most recent quarters QLL list.