



ALPHA-1 PROTEINASE INHIBITORS PA SUMMARY

MEDICATIONS: Aralast-NP, Glassia, Prolastin-C, Zemaira

STATUS: Preferred

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Medication must be administered in member's home by home health or in a long-term care facility
- AND*
- ❖ Approvable for members 18 years or older with congenital deficiency of alpha-1 proteinase inhibitor (alpha-1 antitrypsin deficiency) and clinically evident emphysema
- AND*
- ❖ Physician must submit member's alpha-1 antitrypsin (AAT) plasma level and FEV₁
- ❖ Medications are not approvable for current smokers.

EXCEPTIONS:

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

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.