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 protease 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.