

**ALPHA1-PROTEINASE INHIBITORS**  
Aralast NP, Glassia, **Prolastin-C**, Zemaira

Preferred Alpha1-Proteinase Inhibitor: Prolastin-C

**Pre - PA Allowance**

None

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**Prior-Approval Requirements****Age** 18 years of age and older**Diagnosis**

Patient must have the following:

1. Emphysema
  - a. Clinically documented alpha<sub>1</sub>-antitrypsin (AAT) deficiency

**AND ALL** of the following for Aralast NP, Glassia, and Zemaira **ONLY**:

1. Patient has a pretreatment serum AAT level less than 11 µM/L (80 mg/dl by radial immunodiffusion or 50 mg/dl by nephelometry)
2. Patient must **NOT** be a current smoker
3. Documented progressive emphysema with **ONE** of the following:
  - a. Moderate airflow obstruction is evidenced by forced expiratory volume (FEV<sub>1</sub>) of 30-65% of predicted value, prior to initiation of therapy
  - b. Individual has a rapid decline in lung function as measured by a change in FEV<sub>1</sub> greater than 120 ml/year
  - c. FEV<sub>1</sub> of >65% predicted with bronchiectasis with one or more severe exacerbations resulting in ED visit or hospitalization within the last year
4. Patient **MUST** have tried the preferred product (Prolastin-C), if adjudicated through the pharmacy benefit, unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

**Prior - Approval Limits****Duration** 3 months

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**Prior – Approval *Renewal* Requirements****Age** 18 years of age and older



Federal Employee Program.

## **ALPHA1-PROTEINASE INHIBITORS**

Aralast NP, Glassia, **Prolastin-C**, Zemaira

Preferred Alpha1-Proteinase Inhibitor: Prolastin-C

### **Diagnosis**

Patient must have the following:

1. Emphysema

**AND ALL** of the following for Aralast NP, Glassia, and Zemaira **ONLY**:

1. Patient must **NOT** be a current smoker
2. Clinical evidence of efficacy with **ONE** of the following:
  - a. Elevation of AAT levels (above protective threshold)
  - b. Reduction in rate of deterioration of lung function with a reduction in FEV<sub>1</sub> rate of decline
3. Patient **MUST** have tried the preferred product (Prolastin-C), if adjudicated through the pharmacy benefit, unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

### **Prior - Approval *Renewal* Limits**

**Duration**    12 months