

PHARMACY POLICY STATEMENT

North Carolina Marketplace

DRUG NAME	Alpha ₁ -Proteinase Inhibitor (Aralast NP, Glassia, Prolastin C, Zemaira [human])
BENEFIT TYPE STATUS	Medical (Pharmacy allowed for Glassia)

If all the above requirements are met , the medication will be approved for an additional 12 months .

CareSource considers Alpha ₁-Proteinase Inhibitor (Aralast NP, Glassia, Prolastin C, Zemaira [human]) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off Label policy.

DATE	ACTION/DESCRIPTION
07/14/2020	Transferred to new template; revised and updated content.
06/29/2023	Transferred to new template. Updated and added references. Removed lower FEV limit and rate of decline. Added liver transplant exclusion.

References:

1. 2021 Georgia Code Title 33 Insurance Chapter 20A - Managed Health Care Plans Article 2 - Patient's Right to Independent Review § 33-20A-31 Definitions. Justia US Law. Accessed April 25, 2023. <https://law.justia.com/codes/georgia/2021/title-33/chapter-20a/article-2/section-33-20a-31/>.
2. Stoller JK. Treatment of alpha-1-antitrypsin deficiency. UpToDate. <http://www.uptodate.com>. Updated July 13, 2020. Accessed July 13,2020.
- 3.