

# HealthAlliance**MEDICARE**

## **PURPOSE OF THE POLICY**

To provide prior authorization criteria for Prolastin®

## **STATEMENT OF THE POLICY**

Health Alliance will approve Prolastin® after appropriate B v D decisions have been made when the below criteria has been met:

## **PROCEDURES**

### **1. Inclusion Criteria**

- 1.1 Coverage is limited to Prolastin® Brand
- 1.2 Dosage 60mg/kg weekly or 250mg/kg monthly
- 1.3 High risk phenotype
- 1.4 Plasma AAT level below 11mcmol/L or 80mg/L
- 1.5 FEV1 greater than or equal to 35 AND
- 1.6 Less than or equal to 65% of predicted
- 1.7 Age 18yr or greater

### **2. Exclusion Criteria:**

- 2.1 Smoker who has not abstained from all nicotine for 6months prior to starting therapy confirmed by biochemical testing