

Alpha-1-Proteinase Inhibitors (Aralast NP, Glassia, Prolastin-C, Zemaira)

Drug names

- 1. Alpha-1-Proteinase Inhibitors
- 2. Aralast NP
- 3. Glassia
- 4. Prolastin-C
- 5. Zemaira

Description

Alpha-1-Proteinase Inhibitor is a protein, also called alpha 1-antitrypsin. This protein occurs naturally in the body and is important for preventing the breakdown of tissues in the lungs. In people who lack the alpha 1-antitrypsin protein, breakdown of lung tissues can lead to emphysema (damage to the air sacs in the lungs). Alpha 1-proteinase inhibitor is used to treat alpha 1-antitrypsin deficiency in people who have symptoms of emphysema.

Alpha 1-antitrypsin deficiency is a genetic (inherited) disorder and alpha 1-proteinase inhibitor will not cure this condition.

It is administered by intravenous (IV) infusion.

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Document history

The document history for the past 12 months is outlined below.

Date	Description
5.15.24	Updated to new template.
6.20.23	Refreshed due to age.

Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>						
Dean (DHP, Prevea360)	<p>See the appropriate Medical Injectable Policy for the specific drug.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through Plan Pharmacy Services. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits.						
Mayo Medical Plan (MMP)	<p>Quote office visit, outpatient hospital, or Home IV Therapy benefits.</p>						
Medica (including MHPS)	<p>Coverage depends on platform.</p> <table><tr><th>Platform</th><th>Coverage</th></tr><tr><td>COSMOS, UNET</td><td><ul style="list-style-type: none">• Magellan’s Medical Pharmacy Services Claim Edit (PSCE), <i>Alpha-1-Proteinase Inhibitors (Aralast NP, Glassia, Prolastin-C, Zemaira)</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Administration limit applies. See <i>Dosing Limits</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– Providers: Certain providers are excluded. See Magellan Pharmacy Services Claim Edit (PSCE).• If eligible, quote office visit, outpatient hospital, or Home IV Therapy benefits.</td></tr><tr><td>HealthRules</td><td><ul style="list-style-type: none">• Quote office visit, outpatient hospital, or Home IV Therapy benefits.</td></tr></table>	Platform	Coverage	COSMOS, UNET	<ul style="list-style-type: none">• Magellan’s Medical Pharmacy Services Claim Edit (PSCE), <i>Alpha-1-Proteinase Inhibitors (Aralast NP, Glassia, Prolastin-C, Zemaira)</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Administration limit applies. See <i>Dosing Limits</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– Providers: Certain providers are excluded. See Magellan Pharmacy Services Claim Edit (PSCE).• If eligible, quote office visit, outpatient hospital, or Home IV Therapy benefits.	HealthRules	<ul style="list-style-type: none">• Quote office visit, outpatient hospital, or Home IV Therapy benefits.
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HealthRules	<ul style="list-style-type: none">• Quote office visit, outpatient hospital, or Home IV Therapy benefits.						
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">Quote office visit, outpatient hospital, or Home IV Therapy benefits.Follows Medicare guidelines.Medicare is the primary payer.If no Medicare eligibility, Medicaid applies. See Medicaid below.						
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Magellan’s Medical Pharmacy Services Claim Edit (PSCE), <i>Alpha-1-Proteinase Inhibitors (Aralast NP, Glassia, Prolastin-C, Zemaira)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">Administration limit applies. See <i>Dosing Limits</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.Providers: Certain providers are excluded. See Magellan Pharmacy Services Claim Edit (PSCE).If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits.Medica is the only payer.						
Cost (Prime)	<p>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.</p> <ul style="list-style-type: none">Drug administration: Quote office visit or Home IV Therapy benefits.Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.Follows Medicare guidelines.						
Med Advantage	<p>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.</p> <ul style="list-style-type: none">Drug administration: Quote office visit or Home IV Therapy benefits.Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.Follows Medicare guidelines.Medica is the only payer.						
Med Supp (Select, Signature)	<p>Quote office visit, outpatient hospital, or Home IV Therapy benefits.</p> <ul style="list-style-type: none">Follows Medicare guidelines.Medicare supplement.Medicare is the primary payer.						
Medicaid	<p>Coverage depends on platform.</p> <table><tr><th>Platform</th><th>Coverage</th></tr><tr><td>COSMOS</td><td><ul style="list-style-type: none">Magellan’s Medical Pharmacy Services Claim Edit (PSCE), <i>Alpha-1-Proteinase Inhibitors (Aralast NP, Glassia, Prolastin-C, Zemaira)</i>, applies.Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.Administration limit applies. See <i>Dosing Limits</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.Providers: Certain providers are excluded. See Magellan Pharmacy Services Claim Edit (PSCE).If eligible, quote office visit, outpatient hospital, or Home IV Therapy benefits.</td></tr><tr><td>HealthRules</td><td><ul style="list-style-type: none">Quote office visit, outpatient hospital, or Home IV Therapy benefits.</td></tr></table>	Platform	Coverage	COSMOS	<ul style="list-style-type: none">Magellan’s Medical Pharmacy Services Claim Edit (PSCE), <i>Alpha-1-Proteinase Inhibitors (Aralast NP, Glassia, Prolastin-C, Zemaira)</i>, applies.Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.Administration limit applies. See <i>Dosing Limits</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.Providers: Certain providers are excluded. See Magellan Pharmacy Services Claim Edit (PSCE).If eligible, quote office visit, outpatient hospital, or Home IV Therapy benefits.	HealthRules	<ul style="list-style-type: none">Quote office visit, outpatient hospital, or Home IV Therapy benefits.
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Individual and Family Business (IFB)

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Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>See the appropriate Medical Injectable Policy for the specific drug.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through Plan Pharmacy Services. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits.						
Medica	<p>Quote office visit, outpatient hospital, or Home IV Therapy benefits.</p>						
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