

## **Pharmacy Drug Policy Checklist**

POLICY NAME AAT Deficiency POLICY # 2383P

## Criteria

Coverage Criteria	
	Member has an alpha-1 antitrypsin (AAT) blood level less than 80 mg/dL or less than 11 uM/L.  • This is considered the blood level of the enzyme that protects against emphysema
	Member has a genetic type associated with AAT deficiency or serum AAT concentrations of less than 80mg/dL.
	Post-bronchodilation FEV1 (forced expiratory volume in one second) of 30% to 65%, OR a rapid decline in lung function
	Ordered by a Pulmonologist (lung doctor)
	Member is a non-smoker, meaning no nicotine products for at least 6 months
Exclusion Criteria – Any of the following prevents coverage	
	Member is IgA deficient with antibodies to IgA
	Member has chronic obstructive pulmonary disease (COPD) and a genotype of PiMZ  • The COPD Foundation has found no evidence that alpha-1 antitrypsin augmentation is effective in this population