

Pharmacy Drug Policy Checklist

POLICY NAME	AAT Deficiency	POLICY #	2383P
POLICY NAME	AAT Deliciency	POLICY #	23037

Criteria

Exclusion Criteria – Any of the following prevents coverage			
	2.1 Member is IgA deficient with antibodies to IgA		
	 2.2 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 		
Cov	erage Criteria		
	1.1 Member has an alpha-1 antitrypsin (AAT) blood level less than 80 mg/dL or less than 11 uM/l		

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 This is considered the blood level of the enzyme that protects against emphysema

 1.2 Member has a genetic type associated with AAT deficiency or serum AAT concentrations of less than 80mg/dL.
 1.3 Post-bronchodilation FEV1 (forced expiratory volume in one second) of 30% to 65%, OR a rapid decline in lung function
 1.4 Ordered by a Pulmonologist (lung doctor)
 1.5 Member is a non-smoker, meaning no nicotine products for at least 6 months