

Pharmacy Drug Policy Checklist

POLICY NAME AAT Deficiency POLICY # 2383P

Criteria

Coverage Criteria	
	1.1 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
	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
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