Express Scripts, Inc. is a separate company that provides pharmacy services and pharmacy benefit management services on behalf of health plan members.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aralast NP (alpha-1 proteinase inhibitor)</td>
<td>N/A</td>
</tr>
<tr>
<td>Glassia (alpha-1 proteinase inhibitor)</td>
<td>N/A</td>
</tr>
<tr>
<td>Prolastin-C (alpha-1 proteinase inhibitor)</td>
<td>N/A</td>
</tr>
<tr>
<td>Zemaira (alpha-1 proteinase inhibitor)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**OVERRIDE(S)**

Prior Authorization of Benefits

**APPROVAL DURATION**

1 year

**APPROVAL CRITERIA**

Augmentation therapy with intravenous alpha-1 proteinase inhibitors (Aralast NP, Glassia, Prolastin-C, and Zemaira) may be approved for adults with congenital alpha-1 antitrypsin deficiency when all of the following criteria are met:

I. Documented alpha-1 antitrypsin level is less than or equal to 11 µmol/L; **AND**
II. Individual is currently a non-smoker; **AND**
III. Individual has clinically evident emphysema; **AND**
IV. One of the following:
   a. Moderate airflow obstruction is evidenced by forced expiratory volume (FEV1) of 30-65% of predicted value, prior to initiation of therapy; **OR**
   b. Individual has a rapid decline in lung function as measured by a change in FEV1 greater than 120 ml/year.

Use of alpha-1 proteinase inhibitors (Aralast NP, Glassia, Prolastin-C, and Zemaira) may **NOT** be approved for individuals with IgA antibodies.

Use of alpha-1 proteinase inhibitors (Aralast NP, Glassia, Prolastin-C, and Zemaira) is considered investigational and may **NOT** be approved when the criteria above are not met and for all other indications including, but not limited to:

I. Bronchopulmonary dysplasia
II. Cystic fibrosis
III. Diabetes mellitus
IV. Graft versus host disease (GVHD)
V. Post-lung transplantation for acute rejection or infection episodes.