



## Alpha-1-Proteinase Inhibitors: Aralast NP®; Glassia®; Prolastin®-C; Zemaira® (Intravenous)

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### I. Length of Authorization

Coverage will be provided for 12 months and may be renewed, unless otherwise specified.

- Graft Versus Host Disease (GVHD): Coverage will be provided for a maximum of 8 doses (4 weeks) and may NOT be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC Unit]:

- Aralast NP 1 g/50 mL vial: 7 vials per week
- Aralast NP 0.5 g/25 mL vial: 1 vial per week
- Glassia 1 g/50 mL single use vial: 7 vials per week
- Prolastin-C 1 g/20 mL single-dose vial: 7 vials per week
- Prolastin-C Liquid 1g/20 mL single-dose vial: 7 vials per week
- Zemaira 1 g/20 mL single-use vial: 3 vials per week
- Zemaira 4 g/76 mL single-use vial: 1 vial per week
- Zemaira 5 g/95 mL single-use vial: 1 vial per week

#### B. Max Units (per dose and over time) [HCPCS Unit]:

##### Emphysema due to alpha-1-antitrypsin (AAT) deficiency

- 700 billable units every 7 days

##### GVHD

- 700 billable units for a total of 8 doses in 28 days

### III. Initial Approval Criteria <sup>1-5</sup>

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; AND

Universal Criteria <sup>1-5</sup>

- Patient does not have immunoglobulin-A (IgA) deficiency with antibodies against IgA; **AND**

**Emphysema due to alpha-1-antitrypsin (AAT) deficiency † (Φ – orphan designation applies only to Prolastin-C) <sup>1-6,8,9,12</sup>**

- Patient has an FEV<sub>1</sub> in the range of 30-65% of predicted; **AND**
- Patient has alpha-1-antitrypsin (AAT) deficiency with PiZZ, PiZ (null), or Pi (null, null) phenotypes; **AND**
- Patient has AAT-deficiency and clinical evidence of panacinar/panlobular emphysema; **AND**
- Patient has low serum concentration of AAT  $\leq 57$  mg/dL or  $\leq 11$   $\mu$ M/L as measured by nephelometry; **AND**
- Patient is not a tobacco smoker; **AND**
- Patient is receiving optimal medical therapy (e.g., comprehensive case management, pulmonary rehabilitation, vaccinations, smoking cessation, self-management skills, etc.)

**Graft Versus Host Disease (GVHD) ‡ <sup>13-15</sup>**

- Patient has received a hematopoietic stem cell transplant; **AND**
- Used for steroid-refractory acute GVHD; **AND**
- Used in combination with systemic corticosteroids as additional therapy following no response to first-line therapy options

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

#### IV. **Renewal Criteria <sup>1-5</sup>**

Coverage can be renewed based upon the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe hypersensitivity reactions, etc.; **AND**

**Emphysema due to alpha-1-antitrypsin (AAT) deficiency <sup>1-6,8,9</sup>**

- Disease response with treatment as defined by elevation of AAT levels above baseline, substantial reduction in rate of deterioration of lung function as measured by percent predicted FEV<sub>1</sub>, or improvement in CT scan lung density; **AND**

**Graft Versus Host Disease (GVHD) <sup>13-15</sup>**

- Coverage may not be renewed

## V. Dosage/Administration <sup>1-5,15</sup>

Indication	Dose
Emphysema due to AAT deficiency	Administer 60 mg/kg intravenously once every 7 days (weekly)
GVHD	Administer 60 mg/kg intravenously on days 1, 4, 8, 12, 16, 20, 24, and 28 for up to 4 consecutive weeks (maximum, 8 doses)

## VI. Billing Code/Availability Information

### HCPCS Code & NDC:

Drug	Manufacturer	HCPCS code	1 Billable Unit	SDV Size	NDC
Aralast NP (powder)	Baxalta US Inc.	J0256	10 mg	1 g/50 mL	00944-2815-xx
				0.5 g/25 mL	00944-2814-xx
Glassia (solution)	Takeda Pharmaceuticals USA Inc.	J0257	10 mg	1 g/50 mL	00944-2884-xx
Prolastin-C (powder)	Grifols Therapeutics LLC	J0256	10 mg	1 g/20 mL	13533-0700-xx
					13533-0701-xx
					13533-0702-xx
					13533-0703-xx
Prolastin-C Liquid (solution)	Grifols Therapeutics LLC	J0256	10 mg	500 mg/10 mL	13533-0705-xx
				1 g/20 mL	
				4 g/80 mL	
Zemaira (powder)	CSL Behring LLC	J0256	10 mg	1 g/20 mL	00053-7201-xx
				4 g/76 mL	00053-7202-xx
				5 g/95 mL	00053-7203-xx

## VII. References

1. Glassia [package insert]. Lexington, MA; Takeda Pharmaceuticals USA, Inc.; September 2022. Accessed March 2023.
2. Zemaira [package insert]. Kankakee, IL; CSL Behring LLC; September 2022. Accessed March 2023.
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4. Prolastin-C Liquid [package insert]. Research Triangle Park, NC; Grifols Therapeutics, LLC; May 2020. Accessed March 2023.
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**Alpha-1-Proteinase Inhibitors: Aralast NP®, Glassia®, Prolastin®-C, Prolastin®-C Liquid, Zemaira® Prior Auth Criteria**

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13. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for Alpha1-Proteinase Inhibitor (Human). National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc.” To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed March 2023.
14. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Hematopoietic Cell Transplantation (HCT). Version 3.2022. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc.” To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed March 2023.
15. Magenau JM, Goldstein SC, Peltier D, et al.  $\alpha$ 1-Antitrypsin infusion for treatment of steroid-resistant acute graft-versus-host disease. Blood. 2018 Mar 22;131(12):1372-1379. doi: 10.1182/blood-2017-11-815746.

## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
D89.810	Acute graft-versus-host disease

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D89.812	Acute on chronic graft-versus-host disease
D89.813	Graft-versus-host disease, unspecified
E88.01	Alpha-1-antitrypsin deficiency
T86.09	Other complications of bone marrow transplant

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC