

PHARMACY POLICY STATEMENT

BILLING CODE	J0598
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Home/Office
STATUS	Prior Authorization Required

Cinryze

	New policy for Cinryze created. Criteria for each type of HAE specified. Criteria of documentation of attacks, discontinuation of meds that can cause HAE, and restriction on combinations with other meds for acute attacks were added.
	Medication is now approved for 6 years old and older.
	Updated and revised all content; consistent with other HAE prophylactics. Updated references. Greatly simplified the diagnostic confirmation criteria. Removed minimum required number of attacks, per guidelines; will just ask for baseline measure. Removed the statement about causative medications. Added that they must try on-demand treatment first. Rewrote the renewal criteria and removed log book requirement. Extended initial auth duration to 6 mo and renewal to 12 mo. Edited dosing information.
	Transferred to new template. Updated references.

References:

1. Cinryze [package insert]. Exton, PA; ViroPharma Biologics, Inc.; 2020.
2. Lumry W. Management and Prevention of Hereditary Angioedema Attacks. *Am J Manag Care*. 2013;19:S111-S118.
3. Busse PJ, Christiansen SC, Riedl MA, et al. US HAEA Medical Advisory Board 2020 Guidelines for the Management of Hereditary Angioedema [published online ahead of print, 2020 Sep 6]. *J Allergy Clin Immunol Pract*. 2020;S2213-2198(20)30878-3. doi:10.1016/j.jaip.2020.08.046
4. Zuraw BL, Busse PJ, White M, et al. Nanofiltered C1 inhibitor concentrate for treatment of hereditary angioedema. *N Engl J Med*. 2010;363(6):513-522. doi:10.1056/NEJMoa0805538
5. Lumry W, Manning ME, Hurewitz DS, et al. Nanofiltered C1-esterase inhibitor for the acute management and prevention of hereditary angioedema attacks due to C1-inhibitor deficiency in children. *J Pediatr*. 2013;162(5):1017-