PHARMACY POLICY STATEMENT
North Carolina Marketplace

DRUG NAME	Cinryze (C1 esterase inhibitor (human))
BILLING CODE	J0598
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Home/Office
STATUS	Prior Authorization Required

Cinryze is a C1 esterase inhibitor indicated for routine prophylaxis against angioedema attacks in adults, adolescents and pediatric patients (6 years of age and older) with Hereditary Angioedema (HAE).
HAE is a rare autosomal dominant disease characterized by episodic unpredictable swelling, which can occur in a variety of anatomic locations. The swelling results from excess production of the vasodilator bradykinin. Attacks may be painful and cause functional impairment but are not associated with pruritis. The most common types of HAE are caused by deficiency (type 1) or dysfunction (type 2) of C1 inhibitor (C1-INH). Type 1 is the most prevalent.

Cinryze (C1 esterase inhibitor (human)) will be considered for coverage when the following criteria are met:

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For **reauthorization**:

1. Chart notes must be provided that show a reduced frequency or number of acute attacks since starting treatment.

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Cinryze (C1 esterase inhibitor (human)) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
08/25/2017	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.