

PHARMACY POLICY STATEMENT
Indiana Medicaid

DRUG NAME	Berinert (C1 esterase inhibitor (human))
BILLING CODE	J0597
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	

	initial approval duration to 6 months and renewal to 12 months. Removed statement about causative meds. Deleted monthly quantity limit.
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References:

1. Berinert [package insert]. Kankakee, IL: CSL Behring LLC; 2020.
2. Busse PJ, Christiansen SC, Riedl