UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2023 P 1018-11
Program	Prior Authorization/Notification
Medication	Cinryze® (C1 esterase inhibitor, human)
P&T Approval Date	11/2013, 8/2014, 8/2015, 7/2016, 7/2017, 7/2018, 7/2019, 7/2020, 7/2021, 7/2022, 7/2023
Effective Date	10/1/2023; Oxford: N/A

1. Background:
Cinryze is a plasma-derived C1 esterase inhibitor (human) indicated for routine prophylaxis against angioedema attacks in adults, adolescents and pediatric patients (6 years of age and older) with hereditary angioedema (HAE).[1]

2. Coverage Criteria[a]:

A. Cinryze will be approved based on **all** of the following criteria:

1. Diagnosis of hereditary angioedema (HAE)

-AND-

2. For prophylaxis against HAE attacks

-AND-

3. Not used in combination with other products indicated for prophylaxis against HAE attacks (e.g., Haegarda, Takhzyro, Orladeyo)

Authorization will be issued for 12 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Programs:
- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Medical Necessity and supply limits may be in place.

4. References:
1. Cinryze [package insert]. Lexington, MA: ViroPharma Biologics LLC; February 2023.

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Change Control	
11/2013	New program.
8/2014	Annual review. Added new criterion that concomitant acute therapies cannot be used. Decreased authorization from 60 months to 12 months. Updated reference.
8/2015	Annual review. No change.
7/2016	Annual review with no changes to the coverage criteria. Updated background and references.
7/2017	Annual review with no changes to the coverage criteria. Updated references.
7/2018	Annual review. Updated coverage criteria.
7/2019	Annual review with no changes to coverage criteria. Updated background and references.
7/2020	Annual review. Removed criteria for acute attacks. Updated background and references.
7/2021	Annual review. Updated combination use criteria to include all prophylaxis agents. Updated references and background.
7/2022	Annual review with no changes to coverage criteria. Added state mandate footnote.
7/2023	Annual review. Revised wording of criteria without change to clinical intent. Updated reference.