



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2018 P 1018-6
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
Effective Date	10/1/2018; Oxford: N/A

1. Background:

Cinryze is a plasma-derived C1 esterase inhibitor (human) indicated for routine prophylaxis against angioedema attacks in adolescent and adult patients with hereditary angioedema (HAE).¹ Clinical evidence also supports the use of Cinryze for the treatment of acute attacks of HAE.²

2. Coverage Criteria:

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

1. Diagnosis of hereditary angioedema (HAE)^{1,2}

-AND-

2. **One** of the following:

a. **Both** of the following:

(1) For prophylaxis against HAE attacks¹

-AND-

(2) Not used in combination with other approved C1 esterase inhibitors indicated for prophylaxis against HAE attacks (e.g., Haegarda)

-OR-

b. **Both** of the following:

(1) For treatment of acute HAE attacks² (off-label)

-AND-

(2) Not used in combination with other approved treatments for acute HAE attacks (e.g. Berinert, Firazyr, Kalbitor or Ruconest)

Authorization of therapy will be issued for 12 months.

3. Additional Clinical Programs:

- Medical Necessity and supply limits may be in place.

4. References:

1. Cinryze [package insert]. Lexington, MA: ViroPharma Biologics, Inc.; December 2016.
2. Riedl MA, Hurewitz DS, Levy R, et al. Nanofiltered C1 esterase inhibitor (human) for the treatment of acute attacks of hereditary angioedema: an open-label trial. *Ann Allergy Asthma Immunol.* 2012 Jan;108(1):49-53.

Program	Prior Authorization/Notification - Cinryze (C1 esterase inhibitor, human)
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.