

FIRAZYR (icatibant)

Diagnosis Considered for Coverage:

- Treatment of acute attacks of hereditary angioedema (HAE) in adults

Coverage Criteria:

For diagnosis listed above:

- Drug will be given at home by patient or the patient's caregiver, **and**
- Patient has history of Cinryze or Berinert therapy or baseline levels of the following markers confirming HAE: antigenic C1 Inhibitor, functional C1 inhibitor, and complement C4.

Note: if approved, 2 syringes per prescription will be authorized.

Coverage Duration: length of benefit

Effective: 4/12/2012