



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

CINRYZE®
(human C1-inhibitor)
Effective 12/16/2016

[Prior Authorization Request Form](#)

Cinryze is indicated for the routine prophylaxis against HAE attacks.

Cinryze Criteria for Approval

- 1) The diagnosis of hereditary angioedema (HAE) has been clinically established by, or in consultation with, an allergist or immunologist; **AND**
 - 2) Patient must be 12 years or older; **AND**
 - 3) Diagnosis of HAE is documented based on evidence of low C4 level **AND** one of the following:
 - a. A low C1 inhibitor (C1-INH) antigenic level; **OR**
 - b. A normal C1-INH antigenic level and a low C1-INH functional level.
- AND**
- 4) The member has a history of more than one moderate to severe attack per month (i.e. swelling of the face, throat, or abdomen); **AND**
 - 5) Baseline frequency of HAE attacks must be documented; **AND**
 - 6) The member is not concurrently taking an angiotensin converting enzyme (ACE) inhibitor or estrogen replacement therapy; **AND**
 - 7) The recipient has had an insufficient response or contraindication to therapy with a 17 α – alkylated androgen (e.g. danazol, stanozolol, oxandrolone, methyltestosterone)

Approvals are for 6 months

Continuation of Therapy Criteria:

Medical records documenting a decrease of at least 50% in the frequency of attacks and significant improvement in severity and duration of attacks must be provided.

References

- 1) Cinryze package insert 06/2016
- 2) Lexi-Comp Clinical Application 12/15/2016
- 3) UpToDate Articles accessed 12/16/16: Hereditary Angioedema and Pathogenesis; Hereditary Angioedema- General Care and Long-term Prophylaxis
- 4) US Hereditary Angioedema Association Medical Advisory Board 2013 Recommendations for the Management of Hereditary Angioedema Due to C1 Inhibitor Deficiency; J ALLERGY CLIN IMMUNOL: IN PRACTICE VOLUME 1, NUMBER 5