



Drug Name: Firazyr
Effective Date: 12/12/2018
Last Revision Date: 12/12/2018
Date: 12-2018

Drug Name:	Firazyr (icatibant) Subcutaneous injection
Prescriber Restrictions:	Must be prescribed by, or in consultation with, a specialist in: allergy, immunology, hematology, pulmonology, or medical genetics
Age Restrictions:	18 years of age or older
Exclusion Criteria:	Patient cannot have acquired angioedema or concurrently taking an angiotensin converting enzyme (ACE) inhibitor.
Required Medical Information:	<ul style="list-style-type: none"> • Patient has documented diagnosis of type 1 or type II hereditary angioedema(HAE) • Diagnosis is confirmed by laboratory testing <ul style="list-style-type: none"> ○ Low C4 level (<14mg/dL) and reduced C1 esterase inhibitor level (<19.9 mg/dL) OR ○ Reduced C1 esterase inhibitor function (<72%) • Patient has a history of moderate to severe cutaneous or abdominal attacks OR mild to severe airway swelling attacks of HAE (i.e. debilitating cutaneous/gastrointestinal symptoms OR laryngeal/pharyngeal/tongue swelling) • Patient has a history of at least one severe attack within the past 6 months • The cumulative amount of medications the patient has on hand, indicated for the acute treatment of HAE, will not exceed maximum recommended dose of 30mg every 6 hours, for a maximum of 3 doses in 24 hours.
Continuation of therapy criteria:	<ul style="list-style-type: none"> • Patient is tolerating therapy and meets all initial criteria • Patient shows significant improvement in severity and duration of attacks have been achieved and sustained • The cumulative amount of medications the patient has on hand, indicated for the acute treatment of HAE, will not exceed maximum recommended dose of 30mg every 6 hours, for a maximum of 3 doses in 24 hours.
Coverage Duration:	Initial: 6 months Renewals: 12 months