

Firazyr® (icatibant)



When requesting icatibant (Firazyr®, generics), the individual requiring treatment must be diagnosed with an FDA-approved indication and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

FDA-approved Indication

Treatment of acute attacks of hereditary angioedema (HAE).

Coverage Guidelines

Hereditary Angioedema (HAE) Due to C1 Inhibitor (C1-INH) Deficiency [Type I or Type II] – Treatment of Acute Attacks

The patient must meet **all** of the following criteria for initial authorization:

- The patient has HAE type I or type II as confirmed by the following diagnostic criteria:
 - Patient has low levels of functional C1-INH protein (less than 50% of normal) at baseline, as defined by the laboratory reference values; AND
 - Patient has lower than normal serum C4 levels at baseline, as defined by the laboratory reference values; AND
- The medication is prescribed by or in consultation with an allergist/immunologist or a physician that specializes in the treatment of HAE or related disorders.

The patient must meet **all** of the following criteria for reauthorization:

- The patient has treated previous acute HAE type I or type II attacks with icatibant;
- According to the prescribing physician, the patient has had a favorable clinical response (e.g., decrease in the duration of HAE attacks, quick onset of symptom relief, complete resolution of symptoms, decrease in HAE acute attack frequency or severity) with icatibant treatment; AND
- The medication is prescribed by on in consultation with an allergist/immunologist or a physician that specializes in the treatment of HAE or related disorders.

Approval duration (initial and reauthorization): 12 months

Dosing Recommendation

Approve up to 30mg, subcutaneously, no more frequently than three times daily.

References

1. Firazyr® [prescribing information]. Lexington, MA: Shire/Takeda; April 2020.
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3. Mauer M, Magerl M, Ansotegui I, et al. The international WAO/EAACI guideline for the management of hereditary angioedema – the 2017 revision and update. *Allergy*. 2018;73(8):1575-1596. Available at: <https://onlinelibrary.wiley.com/doi/epdf/10.1111/all.13384>. Accessed on August 11, 2020.
4. Betschel S, Badiou J, Binkley K, et al. The International/Canadian Hereditary Angioedema Guideline [published correction appears in *Allergy Asthma Clin Immunol*. 2020 May 6;16:33]. *Allergy Asthma Clin Immunol*. 2019;15:72. Available at: <https://aacijournal.biomedcentral.com/articles/10.1186/s13223-019-0376-8>. Accessed on August 4, 2020.
5. Zuraw BL, Bork K, Binkley KE, et al. Hereditary angioedema with normal C1 inhibitor function: consensus of an international expert panel. *Allergy Asthma Proc*. 2012;33:S145-S156.
6. Magerl M, Germeris AE, Maas C, et al. Hereditary angioedema with normal C1 inhibitor. Update on evaluation and treatment. *Immunol Allergy Clin N Am*. 2017;37:571-584.
7. Zuraw BL, Banerji A, Bernstein JA, et al. 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*. 2013;1:458-467. Available at: <https://haei.org/wp-content/uploads/2015/04/Zuraw-B-L-US-HAEA-MAB-2013-Recommendations.pdf>. Accessed on August 11, 2020.
8. Zuraw BL, Bernstein JA, Lang DM. A focused parameter update: Hereditary angioedema, acquired C1 inhibitor deficiency, and angiotensin-converting enzyme inhibitor-associated angioedema. *J Allergy Clin Immunol*. 2013;131(6):1491-1493.e25.