



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.
2. Busse PJ, Christiansen SC, Riedl MA, et al. US HAEA Medical Advisory Board 2020 guidelines for the management of hereditary angioedema. *J Allergy Clin Immunol Pract*. 2021 Jan;9(1):132-150.e3.
3. 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.
4. 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.

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