Firazyr® (icatibant)

When requesting Firazyr® (icatibant), 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 indications.

FDA-approved indication[1]

- Firazyr is indicated for the treatment of acute attacks of hereditary angioedema (HAE) in adults 18 years of age and older.

Approved Off-label Compendial uses

- None

Coverage Guidelines

- Has a diagnosis of hereditary angioedema (HAE) confirmed by C4 and C1 inhibitor laboratory testing (i.e. low C4 levels, low C1 inhibitor antigenic protein levels, low C1 inhibitor functional levels)[3]
- Request is for the treatment of acute attacks of HAE[1,2]
- Member is 18 years of age or older[1]
- Firazyr will not be used in combination with another agent for treating acute attacks of HAE (e.g., Berinert, Kalbitor, Ruconest)[3,4]

Additional Information for Prescribers[1]

- None

References

1. Firazyr prescribing information. Lexington, MA; Shire Orphan Therapies LLC. December 2015. Available at http://pi.shirecontent.com/PI/PDFs/Firazyr_USA_ENG.pdf. Accessed January 06, 2017.
2. Klasco RK (Ed): DRUGDEX® System. Thomson Micromedex, Greenwood Village, CO. Accessed January 06, 2017. http://www.micromedexsolutions.com/home/dispatch
3. Craig, T, Pursun E, Bork, K, et al. WAO Guideline for the Management of Hereditary Angioedema. *World Allergy Organization Journal*. 2012; 5:182–199.
4. Zuraw, B, Banerji, A, Berstein J, et al. US Hereditary Angioedema Association Medical Advisory Board 2013 Recommendations for the Management of Hereditary Angioedema Due to C1 Inhibitor Deficiency. *American Academy of Allergy, Asthma & Immunology*. 2013;1:458-67.

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