

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

## Firazyr (icatibant)

DRUG.00058

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Firazyr (icatibant)

### APPROVAL CRITERIA

Requests for Firazyr (icatibant) may be approved for individuals who meet the following criteria:

- I. Individual is 18 years of age or older; **AND**
- II. Individual has a diagnosis of Hereditary Angioedema (HAE) confirmed by a C4 level below the lower limit of normal as defined by the laboratory performing the test **AND ONE** of the following (a or b);
  - A. C1 inhibitor (C1-INH) antigenic level below the lower limit of normal as defined by the laboratory performing the test; **OR**
  - B. C1-INH functional level below the lower limit of normal as defined by the laboratory performing the test; **AND**
- III. There is a history of moderate or severe attacks (for example, airway swelling, severe abdominal pain, facial swelling, nausea and vomiting, painful facial distortion); **AND**
- IV. Being used for treatment of acute attacks (as opposed to prophylaxis)

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

### Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

PAGE 1 of 2 08/05/2018

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

CRX-ALL-0232-18

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.  
CRX-ALL-0232-18