



UNIFORM PHARMACY PRIOR AUTHORIZATION REQUEST FORM

CONTAINS CONFIDENTIAL PATIENT INFORMATION

Complete this form in its entirety and send to Rocky Mountain Health Plans at 858-357-2538

<input type="checkbox"/> Initial Request		<input type="checkbox"/> Renewal		<input type="checkbox"/> Appeal/Redetermination¹	
<input type="checkbox"/> Urgent²		<input type="checkbox"/> Non-Urgent			
Requested Drug Name: Cinryze® (C1 esterase inhibitor) – Medicare Part D					
Patient Information:			Prescribing Provider Information:		
Patient Name:			Prescriber Name:		
Member/Subscriber Number:			Prescriber Fax:		
Policy/Group Number:			Prescriber Phone:		
Patient Date of Birth (MM/DD/YYYY):			Prescriber Pager:		
Patient Address:			Prescriber Address:		
Patient Phone:			Prescriber Office Contact:		
Patient Email Address:			Prescriber NPI:		
			Prescriber DEA:		
Prescription Date:			Prescriber Tax ID:		
			Specialty/Facility Name (If applicable):		
			Prescriber Email Address:		
Prior Authorization Request for Drug Benefit					
Patient Diagnosis and ICD Diagnostic Code(s):					
Drug(s) Requested (with J-Code, if applicable):					
Strength/Route/Frequency:					
Unit/Volume of Named Drug(s):					
Start Date and Length of Therapy:					
Location of Treatment: (e.g. provider office, facility, home health, etc.) including name, Type 2 NPI (if applicable), address and tax ID:					
Clinical Criteria for Approval, Including other Pertinent Information to Support the Request, other Medications Tried, Their Name(s), Duration, and Patient Response:					
<p>Cinryze® (C1 esterase inhibitor)</p> <p>Diagnosis (documentation supportive of diagnosis is required)</p> <p><input type="checkbox"/> Prophylaxis against angioedema attacks in adults and adolescents with Hereditary Angioedema (HAE)</p> <p><input type="checkbox"/> Other (please state): _____</p> <p>Clinical Consideration (for approval, please indicate and provide documentation of the following):</p> <p><input type="checkbox"/> Patient has a history of at least 1 severe event per month</p> <p><input type="checkbox"/> Patient has failed or is intolerant to at least one other prior therapy for HAE prophylaxis, including 17 alpha-alkylated androgens (e.g. danazol, stanozolol) or an anti-fibrinolytic agent (e.g. tranexamic acid)</p> <p>Physician Specialty (diagnosis made by):</p> <p><input type="checkbox"/> Immunologist</p> <p><input type="checkbox"/> Allergist</p> <p><input type="checkbox"/> Other (please state): _____</p>					

<input type="checkbox"/> For use in clinical trial? (If yes, provide trial name and registration number):		
Drug Name (Brand Name and Scientific Name)/Strength:		
Dose:	Route:	Frequency:
Quantity:	Number of Refills:	
Product will be delivered to: <input type="checkbox"/> Patient's Home <input type="checkbox"/> Physician Office		Other:
Prescriber or Authorized Signature:		Date:
Dispensing Pharmacy Name and Phone Number:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
If denied, provide reason for denial, and include other potential alternative medications, if applicable, that are found in the formulary of the carrier:		

1. Appeal/redetermination requests can be made for this medication within 60 calendar days from the date on the faxed/written denial notice you received at the time of the original request.

2. A request for prior authorization that if determined in the time allowed for non-urgent requests could seriously jeopardize the life or health of the covered person or the ability of the covered person to regain maximum function, or subject the person to severe pain that cannot be adequately managed without the drug benefit contained in the prior authorization request.

RMHP Formulary Coverage Policy

THIS INFORMATION IS NOT ALL-INCLUSIVE AND IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY

C1 Esterase Inhibitor, Human (Cinryze®)

CLASSIFICATION

- Immune modulators

DESCRIPTION

- Hereditary Angioedema (HAE) is a rare, chronic disorder affecting around 1 in 50,000 people. It is marked by recurring, acute swelling attacks at various body sites. This may be life threatening in some cases. For example, laryngeal involvement can cause serious airway constriction. Upper airway attacks are thought to occur in one-half to two-thirds of patients. Symptoms usually begin to resolve spontaneously within 48-72 hours. Attacks are often, but not always, trigger mediated and it is very difficult to identify exact attack triggers. The average HAE patient experiences about 20 attacks per year.
- Three types of HAE are identified. Type I is characterized by low plasma levels of C1-inhibitor (C1-INH), and accounts for about 85% of cases. Type II is characterized by normal plasma C1-inhibitor, but not all is functional. Type III is more idiopathic, occurs predominantly in women, appears to be estrogen-dependant, and may result from certain gene mutations (factor XII)
- Lack of C1-INH means certain physiological reactions in the plasma go unchecked. Historically, the main concern in HAE was thought to be uncontrolled activation of the complement system, but more recent studies point towards excess bradykinin as the active substrate.
- Therapy for HAE has traditionally consisted of attenuated androgens, antifibrinolytic drugs, and use of fresh frozen plasma (FFP). Attenuated androgens are only for prophylaxis, antifibrinolytics help decrease the frequency and intensity of attacks (not as effectively as androgens), and FFP is used during acute attacks (though it can actually worsen attacks due to complement components in human plasma, as well as other safety concerns).
- C1-esterase inhibitors (C1-INH) have been available in Europe for many years and have become a first-line therapy in many countries. Cinryze® was the first C1-INH to gain FDA approval in October 2008.
- No US guidelines seem to address appropriate prophylaxis in HAE. However, Canadian and British guidelines suggest that prophylaxis is warranted when there is at least one serious event per month and that C1 esterase inhibitor therapy is recommended when patients have failed (or cannot tolerate) attenuated androgens or antifibrinolytics.
- Cinryze® is FDA approved for ***routine prophylaxis*** against angioedema attacks in adolescent and adult patients with Hereditary Angioedema (HAE). This was established by a 24-week, multi-center, randomized, double-blind, placebo-controlled, crossover, clinical trial (n=24) which demonstrated that prophylaxis with Cinryze® was superior to placebo in reduction of swelling episodes in adult and adolescent patients with hereditary angioedema. In a smaller trial, Cinryze was noted to be effective in reducing the median number of angioedema attacks per year in 22 adult patients with severe hereditary angioedema who were intolerant to or not responding to danazol (an attenuated androgen). Adolescents (age 9 and above) were included in another placebo controlled trial where efficacy was established versus placebo.

FORMULARY COVERAGE

Prior authorization:	Required
Good Health Formulary:	Tier 6
Commercial Formulary:	Tier 6
Medicare Part D coverage:	Tier 5

COVERAGE CRITERIA

Cinryze® (C1 esterase inhibitor) meets the definition of **medical necessity** for all FDA-approved indications, not otherwise excluded from Part D, including the following:

- Routine prophylaxis of angioedema attacks in adults and adolescents with documented diagnosis of hereditary angioedema.
- Patient must have a history of at least one severe event per month (documentation required).
- Patient has tried and failed or is intolerant to at least one other prior therapy, including 17 alpha-alkylated androgens (e.g. danazol, stanozolol) or an anti-fibrinolytic agent (e.g. tranexamic acid) for HAE prophylaxis (documentation required).

DOSAGE/ADMINISTRATION:

- Prophylaxis of Hereditary angioedema:
 - Cinryze®: 1000 units IV infusion over 10 minutes every 3 to 4 days
- Safety and efficacy of Cinryze® have not been established in neonates, infants, or children

PRECAUTIONS:

- Hypersensitivity reactions (e.g. hives, tightness of chest, wheezing, hypotension and anaphylaxis) may occur during or after injection; exercise caution for treatment choice as hypersensitivity reactions may be similar to symptoms of angioedema, epinephrine should be immediately available for acute hypersensitivity
- Thrombosis has been reported with off-label high doses
- Transmission of infectious agents, viruses, or Creutzfeldt-Jakob disease may occur; C1 esterase inhibitor is made from human blood

Billing/Coding information

Associated HCPCS Codes:

J0598	Injection, C1 esterase inhibitor (human), Cinryze, 10 units

COST

AWP (November 2011): Cinryze (\$50.04/ 10 units); \$5004.00/dose

AWP (August 2012): Cinryze 1000units: \$5349.70/dose

COMMITTEE APPROVAL:

GUIDELINE UPDATE INFORMATION:

REFERENCES:

- DRUGDEX®, accessed 11/3/11
- Product Information: Cinryz® (C1 esterase inhibitor) for IV injection. ViroPharma Biologics, Inc. Exton, PA 2011.