

BERINERT (C1 esterase inhibitor [human])

Pre - PA Allowance

None

Prior-Approval Requirements

Age 5 years of age and older

Diagnosis

Patient must have the following:

- 1. Hereditary Angioedema (HAE) with **ONE** of the following:
 - Patient has a C1 inhibitor deficiency or dysfunction as confirmed by laboratory testing AND ALL of the following:
 - i. C4 level below the lower limit of normal as defined by the laboratory performing the test
 - ii. C1 inhibitor (C1-INH) antigenic level below the lower limit of normal as defined by the laboratory performing the test OR normal C1-INH antigenic level and a low C1-INH functional level (functional C1-INH less than 50% or C1-INH functional level below the lower limit of normal as defined by the laboratory performing the test)
 - Patient has normal C1 inhibitor as confirmed by laboratory testing
 AND ONE of the following:
 - i. F12, angiopoietin-1, plasminogen, or kininogen-1 (KNG1) gene mutation as confirmed by genetic testing
 - ii. Documented family history of angioedema and the angioedema was refractory to a trial of high-dose antihistamine (e.g., cetirizine) for at least one month

AND ALL of the following:

- a. Used for acute attacks of hereditary angioedema
- NOT being used for the routine prevention of hereditary angioedema attacks
- c. **NO** dual therapy with another agent for treating acute attacks of hereditary angioedema (e.g., Firazyr/Sajazir, Kalbitor, Ruconest)

Prior - Approval Limits

Duration 12 months



BERINERT

Federal Employee Program.

(C1 esterase inhibitor [human])

Prior – Approval Renewal Requirements

Age 5 years of age and older

Diagnosis

The patient must have the following:

Hereditary Angioedema (HAE)

AND ALL of the following:

- a. Used for acute attacks of hereditary angioedema
- NOT being used for the routine prevention of hereditary angioedema attacks
- c. Patient has experienced a reduction in severity and/or duration of hereditary angioedema attacks
- d. **NO** dual therapy with another agent for treating acute attacks of hereditary angioedema (e.g., Firazyr/Sajazir, Kalbitor, Ruconest)

Prior - Approval Renewal Limits

Same as above