

## Pre - PA Allowance

None

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## Prior-Approval Requirements

**Age** 13 years of age and older

**Diagnosis**

Patient must have the following:

1. Hereditary Angioedema (HAE) with **ONE** of the following:
  - a. 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)
  - b. Patient has normal C1 inhibitor as confirmed by laboratory testing **AND ONE** of the following:
    - i. F12, angiotensinogen, 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
- b. **NOT** being used for the routine prevention of hereditary angioedema attacks
- c. **NOT** being used to treat laryngeal attacks

**RUCONEST**

(C1 esterase inhibitor [recombinant])

- d. **NO** dual therapy with another agent for treating acute attacks of hereditary angioedema (e.g. Berinert, Firazyr/Sajazir, Kalbitor)

**Prior - Approval Limits****Duration** 12 months

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**Prior – Approval *Renewal* Requirements****Age** 13 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
- b. **NOT** being used for the routine prevention of hereditary angioedema attacks
- c. **NOT** being used to treat laryngeal attacks
- d. Patient has experienced a reduction in severity and/or duration of hereditary angioedema attacks
- e. **NO** dual therapy with another agent for treating acute attacks of hereditary angioedema (e.g. Berinert, Firazyr/Sajazir, Kalbitor)

**Prior - Approval *Renewal* Limits**

Same as above