

BULLETIN

NO. 164

November 8, 2018

Dear Provider:

Benefit List Update: New Addition

Effective October 1, 2018, FIRAZYR 10MG/ML SOLUTION will be added to the benefit list with the following special authorization criteria:

Special Authorization: New Addition

ICATIBANT (FIRAZYR 30MG/ML pre-filled syringes)

For the treatment of acute attacks of hereditary angioedema (HAE) in adults with lab confirmed c1-esterase inhibitor deficiency (type I or type II) under the following conditions:

- Treatment of non-laryngeal attacks of at least moderate severity, **or**
- Treatment of acute laryngeal attacks

Clinical Notes:

- Coverage is limited to a single dose for self-administration per attack
- Must be prescribed by physicians with experience in the treatment of HAE

Claim Notes:

- Maximum of two doses on hand at any time.

If you have any questions, please contact this department.

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