Hereditary Angioedema (HAE) Therapies

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the hereditary angioedema (HAE) therapies drug policy is to ensure appropriate selection of patients for therapy based on product labeling, clinical guidelines and clinical studies. There are presently five (5) HAE therapies included in this policy: Berinert (C1 esterase inhibitor), Cinryze (C1 inhibitor), Firazyr (icatibant) a selective bradykinin B2 receptor antagonist, Kalbitor (ecallantide) a selective, reversible kallikrien inhibitor and Ruconest (conestat alfa) a recombinant C1 esterase inhibitor. All HAE therapies inhibit either the formation or the activity of bradykinin, whose overproduction in the setting of C1 esterase inhibitor (C1INH) deficiency leads to capillary leakage and fluid accumulation in body tissues resulting in HAE symptoms. Berinert and Cinryze are both plasma-derived concentrates of C1INH whose function is to replace the C1INH that is deficient (in either quantity or function) in HAE; Ruconest is derived from the milk of transgenic rabbits and exerts its effect by increasing the plasma levels of functional C1INH; Firazyr and Kalbitor exert their therapeutic effects by modulating bradykinin activity. HAE therapies are administered by either intravenous (Ruconest, Berinert and Cinryze) or subcutaneous (Firazyr and Kalbitor) injection.

FDA-Approved Indication

- Berinert: treatment of acute abdominal, facial, or laryngeal attacks of HAE in adult and pediatric patients
- Cinryze: routine prophylaxis against angioedema attacks in adolescent and adult patients with HAE
- Firazyr: treatment of acute attacks of HAE in adults 18 years of age and older
- Kalbitor: treatment of acute attacks of HAE in patients 12 years of age and older
- Ruconest: treatment of acute attacks in adults and adolescent patients with HAE

Compendial Use

- Berinert: prophylaxis of HAE attacks
- Cinryze: treatment of acute HAE attacks
- Firazyr: treatment of angiotensin-converting enzyme (ACE) inhibitor-induced angioedema
I. Berinert, Cinryze, and Ruconest may be considered **medically necessary** for the treatment and prevention of HAE attacks either of the following criteria is met:

- Member C1 inhibitor deficiency as confirmed by laboratory testing.
- Member has normal C1 inhibitor as confirmed by laboratory testing and meets one of the following criteria:
  - Member has an F12 gene mutation as confirmed by genetic testing or
  - Member has a family history of angioedema and the angioedema was refractory to a trial of antihistamine (e.g., cetirizine) for at least one month.

**Approval** will be for **lifetime**.

II. Firazyr may be considered **medically necessary** for the treatment of acute HAE attacks in member 18 years of age or older when either of the following criteria is met:

- Member has C1 inhibitor deficiency as confirmed by laboratory testing.
- Member has normal C1 inhibitor as confirmed by laboratory testing and meets one of the following criteria:
  - Member has an F12 gene mutation as confirmed by genetic testing.
  - Member has a family history of angioedema and the angioedema was refractory to a trial of antihistamine (e.g., cetirizine) for at least one month.

**Approval** will be for **lifetime**.

III. Firazyr may be considered **medically necessary** for the acute management of ACE inhibitor-induced angioedema.

**Approval** will be for **3 days**.

IV. Kalbitor may be considered **medically necessary** for the treatment of acute HAE attacks in members 12 years of age or older when the following criteria is met:

- Member C1 inhibitor deficiency as confirmed by laboratory testing.
- Member has normal C1 inhibitor as confirmed by laboratory testing and meets one of the following criteria:
  - Member has an F12 gene mutation as confirmed by genetic testing or
  - Member has a family history of angioedema and the angioedema was refractory to a trial of antihistamine (e.g., cetirizine) for at least one month.

**Approval** will be for **lifetime**.

V. Berinert, Cinryze, Firazyr, Kalbitor and Ruconest are considered **not medically necessary** for patients who do not meet the criteria set forth above.

### PROCEDURES AND BILLING CODES

*To report provider services, use appropriate CPT* codes, **Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.**

- J0596: Injection, C-1 esterase inhibitor (human), Ruconest, 10 units
- J0597: Injection, C-1 esterase inhibitor (human), Berinert, 10 units
- J0598: Injection, C-1 esterase inhibitor (human), Cinryze, 10 units
- J1290: Injection, ecallantide, Kalbitor, 1 mg
• J1744: Injection, icatibant, Firazyr, 1 mg
• C9445: Injection, C-1 esterase Inhibitor (recombinant), Ruconest, 10 units

REFERENCES


POLICY HISTORY

Policy #: 05.01.23
Policy Creation: January 1, 2016
Reviewed: January 2017
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