

ALASKA MEDICAID

**Cinryze (C1 Esterase Inhibitor)**

500 unit vial

**INDICATION:**

“CINRYZE is a C1 esterase inhibitor indicated for routine prophylaxis against angioedema attacks in adolescent and adult patients with Hereditary Angioedema (HAE).”<sup>1</sup>

**CRITERIA FOR APPROVAL:**

The prescriber must submitted a letter of medical necessity along with all necessary documentation substantiating all of the criteria below.

1. The patient has a documented diagnosis of hereditary angioedema (HAE) by an immunologist;  
AND
2. The recipient’s history of HAE attacks is consistent with monthly abdominal or respiratory attacks that require hospital ER intervention, generally with usage of Berinert or Kalbitor in the previous 6 months (ER documentation is required); AND
3. The recipient is NOT concurrently taking an angiotensin converting enzyme (ACE) inhibitor or estrogen replacement therapy; AND
4. The recipient has had an insufficient response or contraindication to BOTH of the following classes of preventative medication:
  - a. 17 $\alpha$  – alkylated androgens (e.g. danazol, stanozolol, oxandrolone, methyltestosterone) – any contraindication must be documented by an endocrinologist.
  - b. Antifibrinolytic agents (e.g. aminocaproic acid, tranexamic acid)

Note: The Alaska Medicaid Medical Director will work with hospital emergency departments to ensure the availability of Berinert or Kalbitor for acute attacks of HAE for authorized recipients.

**REFERENCES / FOOTNOTES:**

<sup>1</sup>Cinryze package insert, available at<<http://www.cinryze.com/documents/cinryze-prescribing-information.pdf>> Accessed 7/6/2011.

<sup>2</sup> UP-TO-DATE, Long-term prophylaxis of hereditary angioedema.