

**Texas Prior Authorization Program  
Clinical Edit Criteria**

---

**Drug/Drug Class**

**Agents for the treatment of Hereditary  
Angioedema (HAE)**

**Clinical Edit Information Included in this Document**

**Agents for the treatment of HAE**

- **Drugs requiring clinical prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Clinical prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References:** clinical publications and sources relevant to this clinical edit

**Note:** Click the hyperlink to navigate directly to that section.

**Revision Notes**

- N/A, initial publication



## Hereditary Angioedema (HAE) Agents

### Drugs Requiring Clinical Prior Authorization

Medication for HAE	
Label Name	GCN
CINRYZE 500 UNIT VIAL	10495
FIRAZYR 30MG/3ML SYRINGE	14778



## Hereditary Angioedema (HAE) Agents

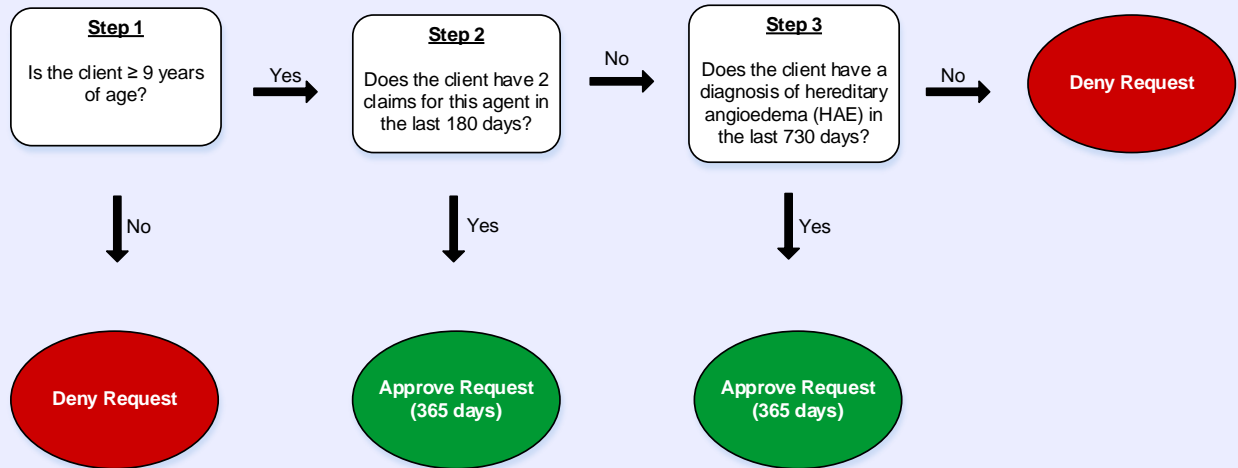
### Clinical Edit Criteria Logic

1. Is the client  $\geq$  9 years of age?  
 Yes – Go to #2  
 No – Deny
  
2. Does the client have 2 claims for the requested agent in the last 180 days?  
 Yes – Approve (365 days)  
 No – Go to #3
  
3. Does the client have a diagnosis of hereditary angioedema in the last 730 days?  
 Yes – Approve (365 days)  
 No – Deny



# Hereditary Angioedema (HAE) Agents

## Clinical Edit Criteria Logic Diagram





## Hereditary Angioedema (HAE) Agents

### Clinical Edit Criteria Supporting Tables

<b>Step 3 (diagnosis of hereditary angioedema)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-9 Code</b>	<b>Description</b>
277.6	ANGIOEDEMA - HEREDITARY
<b>ICD-10 Code</b>	<b>Description</b>
D84.1	ANGIOEDEMA - HEREDITARY



## Hereditary Angioedema (HAE) Agents

### Clinical Edit Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier / Gold Standard, Inc. 2014. Available at <http://www.clinicalpharmacology.com>. Accessed on March 26, 2014.
2. 2014 ICD-9-CM Diagnosis Codes, Volume 1. 2013. Available at <http://www.icd9data.com/>. Accessed on March 26, 2014.
3. 2014 ICD-10-CM Diagnosis Codes, Volume 1. 2013. Available at <http://www.icd9data.com/>. Accessed on March 26, 2014.
4. Cinryze Prescribing Information. ViroPharma Incorporated. Exton, PA. December 2013.
5. Firazyr Prescribing Information. Shire Orphan Therapies, Inc. Lexington, MA. August 2011.
6. Cicardi M, Bork K, Caballero T, et al. Hereditary Angioedema International Working Group. Evidence-based recommendations for the therapeutic management of angioedema owing to hereditary C1 inhibitor deficiency: consensus report of an International Working Group. *Allergy* 2012;67:147-57.

## Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes