Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

FIRAZYR (tocilizumab)

GPI CODING:

85820040102020

DESCRIPTION:

Firazyr is a bradykinin receptor antagonist that is FDA-approved for the treatment of acute attacks of hereditary angioedema (HAE) in adults 18 years of age and older. HAE is caused by a deficiency in C1 esterase inhibitor. Patients with HAE experience recurrent episodes of angioedema also known as HAE attacks. These attacks usually involve the arms, legs, hands, feet, bowels, genitalia, trunk, face, tongue, or larynx. Management of HAE involves long-term prophylaxis, short-term prophylaxis, and treatment of acute attacks.

APPROVAL DURATION:

Approval duration: One-time approval
Quantity Limit: 3 syringes (9 mL)

CRITERIA FOR FIRAZYR

I. Patient has a diagnosis of HAE that was established by, or in consultation with, an allergist, immunologist or a hematologist **AND**
II. HAE was confirmed by genetic testing for mutations in the C1 esterase inhibitor gene **OR**
III. HAE was confirmed by laboratory testing for C4 and C1 inhibitor levels AND patient had low C4 level and low C1 inhibitor level at time of diagnosis **AND**
IV. Patient has been evaluated for potentially treatable triggers of HAE attacks and is maximally managed with respect to avoiding triggers **AND**
V. Patient is not currently taking a medication known to trigger or worsen HAE (eg, estrogen contraceptives, HRT, ACE inhibitors) **AND**
VI. Patient has a history of attacks that are considered severe with swelling of the face, throat or gastrointestinal tract (severe is defined as events that significantly interrupt usual daily activity despite short term symptomatic treatment) **AND**
VII. Firazyr will be used only for treatment of acute HAE attacks **AND**
VIII. For patients who have previously received Firazyr for treating acute HAE attacks (reauthorization):
    A. Documentation of the date(s), number of injections used, and description of attack(s) since the last prescription was filled **AND**
    B. If the patient has had 2 or more attacks per month, he/she has been evaluated for prophylactic HAE treatment