



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

ICATIBANT

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
ICATIBANT ACETATE	FIRAZYR, SAJAZIR, ICATIBANT ACETATE	35962		GPI-10 (8582004010)	

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of hereditary angioedema (HAE) and meet ALL of the following criteria?
  - The patient is 18 years of age or older
  - Therapy is prescribed by or in consultation with an allergist, immunologist or hematologist
  - The patient's diagnosis is confirmed via complement testing
  - The requested medication is being used for treatment of acute attacks of hereditary angioedema
  - The requested medication will NOT be used concurrently with other acute treatments for HAE attacks (e.g., Berinert, Ruconest, Kalbitor)

If yes, **approve for 12 months by HICL or GPI-10, each fill of #18mL (6 syringes), up to 12 fills per year.**

If no, do not approve.

**DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **ICATIBANT (Firazyr, Sajazir)** requires the following rule(s) be met for approval:

- A. You have hereditary angioedema (HAE: a type of gene condition with severe body swelling)
- B. You are 18 years of age or older
- C. Therapy is prescribed by or in consultation with an allergist, immunologist (allergy doctor or immune system doctor) or hematologist (blood doctor)
- D. Your diagnosis is confirmed by complement testing (a type of lab test)
- E. The requested medication is being used for treatment of acute (sudden and severe) attacks of hereditary angioedema
- F. The requested medication will NOT be used concurrently (at the same time) with other acute treatments for HAE attacks (such as Berinert, Ruconest, Kalbitor)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RATIONALE**

For further information, please refer to the prescribing information and/or drug monograph for Firazyr and Sajazir.

**REFERENCE**

- Firazyr [Prescribing Information]. Lexington, MA: Shire Orphan Therapies; October 2021.
- Sajazir [Prescribing Information]. Cambridge, United Kingdom: Cycle Pharmaceuticals Ltd; June 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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