Firazyr

Description

Firazyr (icatibant)

Background
Firazyr is indicated for the treatment of acute attacks of a rare condition called hereditary angioedema (HAE) in people ages 18 years and older. HAE is caused by low levels or the improper function of a protein called C1 inhibitor, which is involved in regulating how certain immune system and blood clotting pathways function. The absence or dysfunction of the C1 inhibitor leads to bradykinin production. Bradykinin is a vasodilator which is responsible for the characteristic HAE symptoms of localized swelling, inflammation, and pain. Firazyr inhibits bradykinin from binding to the receptors and thereby treats the clinical symptoms of an acute, episodic attack of HAE (1).

Regulatory Status
FDA-approved indication: Firazyr is a bradykinin B2 receptor antagonist indicated for treatment of acute attacks of hereditary angioedema (HAE) in adults 18 years of age and older (1).

Given the potential for airway obstruction during acute laryngeal HAE attacks, patients should be advised to seek medical attention in an appropriate healthcare facility immediately in addition to treatment with Firazyr (1).

Safety and effectiveness in pediatric patients below the age of 18 years have not been established (1).

Related policies
Berinert, Cinryze, Haegarda, Kalbitor, Ruconest, Takhzyro
Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Firazyr may be considered **medically necessary** in patients 18 years of age or older for the treatment of acute attacks of hereditary angioedema (HAE) and if the conditions indicated below are met.

Firazyr is considered **investigational** in patients less than 18 years of age and for all other indications.

**Prior-Approval Requirements**

**Age**

18 years of age and older

**Diagnosis**

Patient must have the following:

1. Acute attacks of Hereditary Angioedema (HAE)

**AND NONE** of the following:

1. Prophylactic therapy
2. Dual therapy with another agent for treating acute attacks of HAE

**Prior – Approval Renewal Requirements**

Same as above

**Policy Guidelines**

**Pre - PA Allowance**

None

**Prior - Approval Limits**

**Duration**

12 months
Prior – Approval *Renewal Limits*

**Duration**
- 12 months

**Rationale**

**Summary**
Firazyr is a bradykinin B2 receptor antagonist indicated for treatment of acute attacks of hereditary angioedema (HAE) in adults 18 years of age and older. Given the potential for airway obstruction during acute laryngeal HAE attacks, patients should be advised to seek medical attention in an appropriate healthcare facility immediately in addition to treatment with Firazyr. Safety and effectiveness in pediatric patients below the age of 18 years have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate and cost effective use of Firazyr while maintaining optimal therapeutic outcomes.

**References**

**Policy History**

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<td>January 2012</td>
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Subsection: Hematological Agents  Original Policy Date: January 1, 2012
Subject: Firazyr  Page: 4 of 4

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 13, 2019 and is effective on October 1, 2019.