

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	April 12, 2019

# CINRYZE<sup>®</sup> (human c1 esterase inhibitor)

## **LENGTH OF AUTHORIZATION:** UP TO ONE YEAR

# REVIEW CRITERIA:

- Must be  $\geq 6$  years of age.
- Must have a diagnosis of hereditary angioedema.
- Treatment for prophylaxis use against angioedema attacks.

## **DOSING AND ADMINISTRATION:**

#### Adults and adolescents 12 years and older:

• 1000 units intravenously every 3 or 4 days. Doses up to 2500 units (not to exceed 100units/kg every) 3 to 4 days for non-responders of 1000 units every 3 to 4 days.

#### Pediatric patients ages 6-11 years old:

• 500 units every 3 or 4 days. May adjust according to individual response up to 1000 units every 3 or 4 days.