

## Ruconest® (C1 Esterase Inhibitor [recombinant]) (Intravenous)

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### I. Length of Authorization

Coverage will be provided for 12 weeks and is eligible for renewal (unless otherwise specified).

The cumulative amount of medication(s) the patient has on-hand, indicated for the acute treatment of HAE, will be taken into account when authorizing. The authorization will provide a sufficient quantity in order for the patient to have a cumulative amount of HAE medication(s) on-hand in order to treat up to 4 acute attacks per 4 weeks for the duration of the authorization (unless otherwise specified).

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [Pharmacy Benefit]:

- Ruconest 2100 IU vial: 16 vials every 28 days

#### B. Max Units (per dose and over time) [Medical Benefit]:

- 3360 billable units per 28 days

### III. Initial Approval Criteria<sup>1-15</sup>

Coverage is provided in the following conditions:

#### Universal Criteria:

- Must be prescribed by, or in consultation with, a specialist in: allergy, immunology, hematology, pulmonology, or medical genetics; **AND**
- Confirmation the patient is avoiding the following possible triggers for HAE attacks:
  - Estrogen-containing oral contraceptive agents **AND** hormone replacement therapy; **AND**
  - Antihypertensive agents containing ACE inhibitors; **AND**

#### Treatment of acute abdominal, peripheral or facial attacks of Hereditary Angioedema (HAE) †

- Patient must be at least 13 years of age; **AND**
- Patient has a history of moderate to severe cutaneous attacks (without concomitant hives) OR abdominal attacks OR mild to severe airway swelling attacks of HAE (i.e. debilitating cutaneous/gastrointestinal symptoms OR laryngeal/pharyngeal/tongue swelling); **AND**

- Patient has one of the following clinical presentations consistent with a HAE subtype, which must be confirmed by repeat blood testing:

<u>HAE I (C1-Inhibitor deficiency)</u>
<ul style="list-style-type: none"> <li>• Low C1 inhibitor (C1-INH) antigenic level (C1-INH antigenic level below the lower limit of normal as defined by the laboratory performing the test); <b>AND</b></li> <li>• Low C4 level (C4 below the lower limit of normal as defined by the laboratory performing the test); <b>AND</b></li> <li>• Low C1-INH functional level (C1-INH functional level below the lower limit of normal as defined by the laboratory performing the test); <b>AND</b> <ul style="list-style-type: none"> <li>○ Patient has a family history of HAE; <b>OR</b></li> <li>○ Acquired angioedema has been ruled out (i.e., patient onset of symptoms occur prior to 30 years old, normal C1q levels, patient does not have underlying disease such as lymphoma or benign monoclonal gammopathy [MGUS], etc.)</li> </ul> </li> </ul>
<u>HAE II (C1-Inhibitor dysfunction)</u>
<ul style="list-style-type: none"> <li>• Normal to elevated C1-INH antigenic level; <b>AND</b></li> <li>• Low C4 level (C4 below the lower limit of normal as defined by the laboratory performing the test); <b>AND</b></li> <li>• Low C1-INH functional level (C1-INH functional level below the lower limit of normal as defined by the laboratory performing the test)</li> </ul>

† FDA Approved Indication(s)

#### IV. Renewal Criteria

- Patient continues to meet the universal and other indication-specific relevant criteria identified in section III; **AND**
- Significant improvement in severity and duration of attacks have been achieved and sustained; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: hypersensitivity reactions, serious thrombotic events, laryngeal attacks, etc.; **AND**
- The cumulative amount of medication(s) the patient has on-hand, indicated for the acute treatment of HAE, will be taken into account when authorizing. The authorization will provide a sufficient quantity in order for the patient to have a cumulative amount of HAE medication(s) on-hand in order to treat up to 4 acute attacks per 4 weeks for the duration of the authorization (unless otherwise specified).

#### V. Dosage/Administration

Indication	Dose
Acute Hereditary Angioedema (HAE) attack	<p><u>Body weight &lt; 84 kg:</u> 50 international units (IU) per kg body weight by intravenous injection</p> <p><u>Body weight ≥ 84 kg:</u> 4200 IU (2 vials) by intravenous injection</p> <p><i>If the attack symptoms persist, an additional (second) dose can be administered at the recommended dose level. Do not exceed 4200 IU per dose. No more than two doses should be administered within a 24 hour period.</i></p>

## VI. Billing Code/Availability Information

### Jcode:

- J0596 - Injection, c1 esterase inhibitor (recombinant), Ruconest, 10 units; 1 billable unit = 10 units

### NDC:

- Ruconest 2100 IU single-use 25 mL vial: 68012-0350-xx

## VII. References

1. Ruconest [package insert]. Raleigh, NC; Salix Pharmaceuticals, Inc; December 201-. Accessed January 2020.
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7. Gompels MM, Lock RJ, Abinun M, et al. C1 inhibitor deficiency: consensus document. *Clin Exp Immunol*. 2005;139(3):379.
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12. Frank MM, Zuraw B, Banerji A, et al. Management of children with Hereditary Angioedema due to C1 Inhibitor deficiency. *Pediatrics*. 2016 Nov. 135(5)

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15. Lang DM, Aberer W, Bernstein JA, et al. International consensus on hereditary and acquired angioedema. *Ann Allergy Asthma Immunol.* 2012;109:395-402.
16. Wintenberger C, Boccon-Gibod I, Launay D, et al. Tranexamic acid as maintenance treatment for non-histaminergic angioedema: analysis of efficacy and safety in 37 patients. *Clin Exp Immunol.* 2014 Oct; 178(1): 112–117.
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18. Frank MM, Sergent JS, Kane MA, et al. Epsilon aminocarproic acid therapy of hereditary angioneurotic edema; a double-blind study. *N Engl J Med.* 1972;286:808-812.

## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
D84.1	Defects in the complement system

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC

**Medicare Part B Administrative Contractor (MAC) Jurisdictions**

<b>Jurisdiction</b>	<b>Applicable State/US Territory</b>	<b>Contractor</b>
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC