Criteria for Prior Authorization

Berinert® (C1 esterase inhibitor, human)

Provider Group
Pharmacy
Professional

Manual Guidelines
The following drug requires prior authorization:
C1 esterase inhibitor, human (Berinert)

Criteria for Prior Authorization for C1 Esterase Inhibitor: (must meet all of the following)

- Patient must have a diagnosis of Hereditary Angioedema (HAE), with provider submitting documentation that diagnostic testing was completed
- Must be used for the treatment of an acute abdominal, facial, or laryngeal attack of HAE
- Patient must be 6 years of age or older
- Must be administered by a healthcare professional

Length of Approval: 12 months

Drug Utilization Review Committee Chair

Pharmacy Program Manager
Division of Health Care Finance
Kansas Department of Health and Environment

Date

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