

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

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Customization Dates: 04/01/2022

Effective Dates: 04/01/2022

### 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) [NDC Unit]:

- Ruconest 2100 IU vial: 16 vials every 28 days

#### B. Max Units (per dose and over time) [HCPCS Unit]:

- 3360 billable units per 28 days

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

Coverage is provided in the following conditions:

Patient is required to meet Site of Service specialty infusion program requirements (refer to the [Medica Site of Service Policy](#)).

Submission of medical records (chart notes) related to the medical necessity criteria is **REQUIRED** on all requests for authorizations. Records will be reviewed at the time of submission. Please provide documentation related to diagnosis, step therapy, and

clinical markers (i.e. genetic and mutational testing) supporting initiation when applicable. Medical records may be submitted via direct upload through the PA web portal or by fax.

- Patient is at least 13 years of age; **AND**

#### **Universal Criteria** <sup>1,13,19</sup>

- Must be prescribed by, or in consultation with, a specialist in: allergy, immunology, hematology, pulmonology, or medical genetics; **AND**
- Patient does not have a history of allergy to rabbits or rabbit-derived products; **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**
  - Dipeptidyl peptidase IV (DPP-IV) inhibitors (e.g., sitagliptin); **AND**
  - Nephilysin inhibitors (e.g., sacubitril); **AND**

#### **Treatment of acute abdominal, peripheral, or facial attacks of Hereditary Angioedema (HAE) †** ¶ <sup>1,13,19,20</sup>

- 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 (treatment for acute attack should not be delayed for confirmatory testing):

#### **HAE I (C1-Inhibitor deficiency) §<sup>13,19,20</sup>**

- 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); **AND**
- Low C4 level (C4 below the lower limit of normal as defined by the laboratory performing the test); **AND**
- Low C1-INH functional level (C1-INH functional level below the lower limit of normal as defined by the laboratory performing the test); **AND**
  - Patient has a family history of HAE; **OR**
  - 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.)

#### **HAE II (C1-Inhibitor dysfunction) §<sup>19</sup>**

- Normal to elevated C1-INH antigenic level; **AND**
- Low C4 level (C4 below the lower limit of normal as defined by the laboratory performing the test); **AND**
- Low C1-INH functional level (C1-INH functional level below the lower limit of normal as defined by the laboratory performing the test)

#### **HAE with normal C1INH (formerly known as HAE III) §<sup>19,20</sup>**

- Normal C1-INH antigenic level; **AND**
- Normal C4 level; **AND**
- Normal C1-INH functional level; **AND**
- Repeat blood testing during an attack has confirmed the patient does not have abnormal lab values indicative of HAE I or HAE II; **AND**
- Either of the following:
  - Patient has a known HAE-causing mutation (e.g., mutation of coagulation factor XII gene [F12 mutation], mutation in the angiotensin-converting enzyme 1 gene, mutation in the plasminogen gene, etc.); **OR**
  - Patient has a family history of HAE and documented evidence of lack of efficacy of chronic high-dose antihistamine therapy (e.g. *cetirizine standard dosing at up to four times daily or an alternative equivalent, given for at least one month or an interval long enough to expect three or more angioedema attacks*) AND corticosteroids with or without omalizumab

† FDA Approved Indication(s); Ⓢ Orphan Drug

#### IV. Renewal Criteria <sup>1</sup>

- 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: severe hypersensitivity reactions (including anaphylaxis), serious thromboembolic events (arterial or venous), 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 <sup>1</sup>

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> <p><b>**Note:</b> Patients may self-administer Ruconest after being instructed by their healthcare provider.</p>

## VI. Billing Code/Availability Information

### HCPCS Code:

- 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
- Ruconest 2100 IU single-use 25 mL vial: 71274-0350-xx

## VII. References

1. Ruconest [package insert]. Warren, NJ; Pharming Healthcare, Inc; April 2020. Accessed August 2021.
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## 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), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/new-search/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/LCA): N/A

<b>Medicare Part B Administrative Contractor (MAC) Jurisdictions</b>		
<b>Jurisdiction</b>	<b>Applicable State/US Territory</b>	<b>Contractor</b>
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
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