

Berinert (C1 Esterase Inhibitor Human)

Drug names	<ul style="list-style-type: none">BerinertC1 esterase inhibitor						
Description	<p>Berinert (C1 esterase inhibitor, human) is used to treat acute attacks of a rare inflammatory disease called hereditary angioedema (HAE). This disease causes swelling, particularly of the face and airways, and abdominal cramping and can be life threatening.</p> <p>It is administered by intravenous (IV) infusion.</p>						
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">CommercialGovernment ProgramsIndividual and Family Business (IFB)						
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>9.17.24</td><td>Refreshed due to age.</td></tr><tr><td>9.17.24</td><td>Updated document title to match policy title.</td></tr></table>	Date	Description	9.17.24	Refreshed due to age.	9.17.24	Updated document title to match policy title.
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Commercial

Introduction	This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).				
Dean (DHP, Prevea360)	Quote office visit, outpatient hospital, or Home IV Therapy benefits.				
Mayo Medical Plan (MMP)	Quote office visit, outpatient hospital, or Home IV Therapy benefits.				
Medica (including MHPS)	<p>A Pharmacy Clinical Guideline, <i>Berinert (C1 Esterase Inhibitor, Human)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through the injectable drug Pharmacy Benefit Manager (PBM). See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization.• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits.				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote office visit, outpatient hospital, or Home IV Therapy benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.				
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>A Pharmacy Clinical Guideline, <i>Berinert (C1 Esterase Inhibitor, Human)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through the injectable drug Pharmacy Benefit Manager (PBM). See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization.• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits.• Medica is the only payer.				
Cost (Prime)	<p>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.</p> <ul style="list-style-type: none">• Drug administration: Quote office visit or Home IV Therapy benefits.• Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.• Follows Medicare guidelines.				
Med Advantage	<p>A Pharmacy Clinical Guideline, <i>Berinert (C1 Esterase Inhibitor, Human)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through the injectable drug Pharmacy Benefit Manager (PBM). See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization.• Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.<ul style="list-style-type: none">– Drug administration: Quote office visit or Home IV Therapy benefits.– Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.• Follows Medicare guidelines.• Medica is the only payer.				
Med Supp (Select, Signature)	<p>Quote office visit, outpatient hospital, or Home IV Therapy benefits.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.				
Medicaid	<p>A Pharmacy Clinical Guideline, <i>Berinert (C1 Esterase Inhibitor, Human)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through the injectable drug Pharmacy Benefit Manager (PBM). See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization.• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits.				
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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>				
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Quote office visit, outpatient hospital, or Home IV Therapy benefits.</p>				
Medica	<p>A Pharmacy Clinical Guideline, <i>Berinert (C1 Esterase Inhibitor, Human)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through the injectable drug Pharmacy Benefit Manager (PBM). See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization.• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits.				
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