

Cinryze (C1 Esterase Inhibitor)

Drug names

1. C1 esterase inhibitor
2. Cinryze

Description

Cinryze (C1 esterase inhibitor) 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.

It is administered by intravenous (IV) infusion.

See also

Similar, related, or easily confused documents.

- [Berinert \(C1 Esterase Inhibitor\)](#) - Another HAE medication.
- [Kalbitor \(Ecallantide\)](#) - Another HAE medication.
- [Ruconest \(C1 Esterase Inhibitor\)](#) - Another HAE medication.

Commercial

A Pharmacy Clinical Guideline, *Cinryze (C1 esterase inhibitor human)*, is on [Magellan Rx Management](#).

- **Requires prior authorization through Magellan.** Refer to *Review Criteria*.
 - **Important:** Check policy for limits or exclusions.
 - **ER or inpatient hospital POS:** PA is not required.
 - **Providers:** Certain providers are excluded. Refer to [Magellan Rx Prior Authorization](#).
- Covered based on place of service. Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

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Cinryze (C1 Esterase Inhibitor), Continued

Government Programs

Refer to the table below.

| Plan | Coverage |
|---|--|
| AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+) | <p>Medicaid only groups:</p> <ul style="list-style-type: none"> Refer to Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none"> Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits. Medicare is the primary payer. Follows Medicare guidelines. If no Medicare eligibility, Medicaid applies. Refer to Medicaid below. |
| AccessAbility Enhanced (SNBC SNP), DUAL (MSHO) | <ul style="list-style-type: none"> A Pharmacy Clinical Guideline, <i>Cinryze (C1 esterase inhibitor human)</i>, is on Magellan Rx Management. Requires prior authorization through Magellan. Refer to <i>Review 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. Refer to Magellan Rx Prior Authorization. Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits. Medica is the only payer. |

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Cinryze (C1 Esterase Inhibitor), Continued

Government Programs, continued

| Plan | Coverage |
|-----------|---|
| Advantage | <ul style="list-style-type: none"> • A Pharmacy Clinical Guideline, <i>Cinryze (C1 esterase inhibitor human)</i>, is on Magellan Rx Management. • Requires prior authorization through Magellan. Refer to <i>Review 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. Refer to Magellan Rx Prior Authorization. • Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. <ul style="list-style-type: none"> – Drug administration: Covered based on place of service. Quote office visit or Home IV Therapy benefits. Refer to the EOC for primary or specialist cost sharing. – Injection (J-code): Covered under <i>Part B Prescription Drugs</i> in the EOC. • Provider must bill per Medicare Product Grid. • Medica is the only payer. |

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Cinryze (C1 Esterase Inhibitor), Continued

Government Programs, continued

| Plan | Coverage |
|-------------------------------|---|
| Advantage PartnerCare (I-SNP) | <ul style="list-style-type: none"> • A Pharmacy Clinical Guideline, <i>Cinryze (C1 esterase inhibitor human)</i>, is on Magellan Rx Management. • Requires prior authorization through Magellan. Refer to <i>Review 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. Refer to Magellan Rx Prior Authorization. • Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. <ul style="list-style-type: none"> – Drug administration: Covered based on place of service. Quote office visit or Home IV Therapy benefits. Refer to the EOC. Copays depend on place of service. – Injection (J-code): Covered under <i>Part B Prescription Drugs</i> in the EOC. • Provider must bill per Medicare Product Grid. • Medica is the only payer. |
| Medicaid (SPP) | <ul style="list-style-type: none"> • A Pharmacy Clinical Guideline, <i>Cinryze (C1 esterase inhibitor human)</i>, is on Magellan Rx Management. • Requires prior authorization through Magellan. Refer to <i>Review 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. Refer to Magellan Rx Prior Authorization. • Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits. |

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Cinryze (C1 Esterase Inhibitor), Continued

Government Programs, continued

| Plan | Coverage |
|-------------------|--|
| Prime | <ul style="list-style-type: none"> Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. <ul style="list-style-type: none"> Drug administration: Covered based on place of service. Quote office visit or Home IV Therapy benefits. Refer to the EOC for primary or specialist cost sharing. Injection (J-code): Covered under <i>Part B Prescription Drugs</i> in the EOC. Follows Medicare guidelines. Provider must bill per Medicare Product Grid. Reminder: Members can use non-Medica Service Area providers. Refer to Out-of-MSA Benefits. |
| Select, Signature | <ul style="list-style-type: none"> Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits. Medicare supplement. Medicare is the primary payer. Follows Medicare guidelines. |

Individual and Family Business (IFB)

A Pharmacy Clinical Guideline, *Cinryze (C1 esterase inhibitor human)*, is on [Magellan Rx Management](#).

- Requires prior authorization through Magellan.** Refer to *Review Criteria*.
 - Important:** Check policy for limits or exclusions.
 - ER or inpatient hospital POS:** PA is not required.
 - Providers:** Certain providers are excluded. Refer to [Magellan Rx Prior Authorization](#).
- Covered based on place of service. Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

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Cinryze (C1 Esterase Inhibitor), Continued

Medica Health Plan Solutions (MHPS)

Coverage depends on the employer.

| Employer | Coverage |
|-------------------|---|
| Mayo Medical Plan | <ul style="list-style-type: none">• Not covered.• This is on the Mayo Medical Plan Drug Exclusion List (Non-Covered Drugs).• DOS prior to 7.1.21: Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits. |
| All others | <ul style="list-style-type: none">• A Pharmacy Clinical Guideline, <i>Cinryze (C1 esterase inhibitor human)</i>, is on Magellan Rx Management.• Requires prior authorization through Magellan. Refer to <i>Review 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. Refer to Magellan Rx Prior Authorization.• Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits. |

Document history

The document history for the past 12 months is outlined below. See Iris/KN for the complete document history.

| Date | Description |
|---------|---|
| 8.23.21 | Refreshed for age. MHPS – MMP – Updated to not covered. |

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Cinryze (C1 Esterase Inhibitor), Continued

Applicability

| | | |
|---|-----------------------|-------------|
| Business Segments | | |
| <input checked="" type="checkbox"/> All <input type="checkbox"/> AHP <input type="checkbox"/> COM- (All) <input type="checkbox"/> GOVT- (All) <input type="checkbox"/> IFB <input type="checkbox"/> MHPS <input type="checkbox"/> PSC | | |
| Specific Clients/Products | | |
| <input checked="" type="checkbox"/> All <input type="checkbox"/> Other: | | |
| Platform or System | | |
| <input type="checkbox"/> All <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Other: | | |
| Departments | | |
| <input checked="" type="checkbox"/> Call Center <input type="checkbox"/> Multiple: <input type="checkbox"/> Other: | | |
| Approved By | Document Owner | Date |
| A-Z Review Team | KNTWs | 8.23.21 |
