



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	April 12, 2019

RUCONEST® (human C1 esterase inhibitor)

LENGTH OF AUTHORIZATION: UP TO ONE YEAR

REVIEW CRITERIA:

- Must be \geq 13 years of age.
- Must have a diagnosis of hereditary angioedema (HAE).
- Trial and failure of preferred agent.
- Treatment for acute attacks of hereditary angioedema.
- Effectiveness not established in HAE patients with laryngeal attacks.

DOSING AND ADMINISTRATION:

- 50 units/kg intravenously for one dose; maximum of 4200 units per dose and no more than two doses per 24 hours.