

<b>Reference number(s)</b>
3057-H

## SPECIALTY QUANTITY LIMIT PROGRAM

### FIRAZYR (icatibant) icatibant (generic)

#### I. PROGRAM DESCRIPTION

The standard limit is designed to allow a quantity sufficient for the most common uses of the medication. The recommended dosing parameters for the treatment of acute attacks of hereditary angioedema fall within the standard limits. Coverage of an additional quantity may be reviewed on a case-by-case basis upon request.

#### II. COVERED QUANTITIES

Medication**	Standard Limit	FDA-recommended dosing
Firazyr 30 mg/ 3 mL pre-filled syringe	45 syringes per 90 days	30 mg at intervals of at least 6 hours (up to 3 doses may be administered in any 24 hour period)

\*\* The limit may apply to the generic equivalent medications.

#### III. REFERENCES

1. Firazyr [package insert]. Lexington, MA: Shire Orphan Therapies, Inc.; December 2015.
2. icatibant [package insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc.; March 2019.