



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's 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.