

II.C. Patient has the following clinical presentation consistent with HAE III:

- Normal C1-INH antigenic level); **AND**
- Normal C4 level; **AND**
- Normal C1-INH functional level; **AND**
- Patient has a known HAE causing C1-INH mutation (i.e., mutation of coagulation factor XII gene);

OR

- Patient has a family history of HAE; **AND**

Renewal Criteria:

- Patient must continue to meet the criteria in section I & II (A-C); **AND**
- Significant improvement in severity and duration of attacks have been achieved and sustained; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include hypersensitivity reactions.

Medication being provided by (check applicable box below):

- Physician's office** **OR** **Specialty Pharmacy - Briova SpecialtyRx**

****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.****

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

***Approved by Pharmacy and Therapeutics Committee: 12/12/2016
REVISED/UPDATED: 3/28/2017; 9/16/2017; 9/29/2017; 10/4/2017.**