**Decision Summary**

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<th>Date of DTG</th>
<th>05/12/2013</th>
<th>Other considerations</th>
<th>IFR required for prophylactic use</th>
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<td>Traffic Light List</td>
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<td>DTG Decision</td>
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**Proposed place in therapy / pathway**

It is proposed that Cinryze® be used for patients who need home treatment but for whom icatibant is not suitable or not effective. And for patients who need prophylactic treatment and thus will be treated at home.

The rationale behind this is that currently the manufacturers do not offer a homecare package with Berinert and training is done in-house by our clinical nurse specialists. Resources to offer this are limited and we do not currently retrain patients at set intervals as standard. Cinryze is available as a pharma-sponsored homecare package for both prophylactic use and for acute use; this includes retraining at intervals and a complete support package for the patients at home. In addition, Cinryze is licensed for prophylactic administration whereas currently we are using Berinert off-license.

**Points for discussion**

- Cinryze® will be for home use only and will not be stocked within A&E.
- Patients numbers are likely to be very small (approx. 2-3 per year)
- We currently have one complex patient on prophylactic treatment that we propose to switch to Cinryze®.
- Any future prophylactic patients are not currently commissioned and would an IFR would need to be completed prior to prescribing.
- Patients will have full training support, including retraining, thus reducing the clinical risk of self-administration of C1 esterase inhibitor at home.
- Cinryze® is licensed for prophylactic treatment whereas currently we are using Berinert® off-license.
- It has been shown that access to self or assisted infusion with C1 inhibitor reduces the severity and durations of attacks, improves HAE-related quality of life, reduces time off work, education or domestic duties, is safe and very popular with participants (from HAE international home therapy consensus document).

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