

**South Central Priorities Committees**  
(Milton Keynes, Oxfordshire, Buckinghamshire, Berkshire East and Berkshire West PCTs)

**Policy Recommendation 87: Parenteral drugs for hereditary angioedema**

**Date of issue: September 2012**

The South Central Priorities Committee (Milton Keynes, Oxfordshire, Buckinghamshire, Berkshire East and Berkshire West PCTs) has considered the evidence for the following parenteral drugs for hereditary angioedema: Berenert, Cinryze, conestat alfa and icatibant.

**Treatment of acute attacks**

Funding of parenteral drugs for the treatment of acute attacks of hereditary angioedema is **RECOMMENDED** for funding **ONLY** in people with symptoms of a potentially life-threatening attack, such as swelling of the tongue or lip, throat irritation, cough, hoarseness, change in voice, feeling of lump in the throat, difficulty with breathing or swallowing, or any visible swelling above the shoulders.

In these circumstances the parenteral drug with the lowest acquisition cost should be used.

Because of limited evidence of clinical effectiveness and of cost effectiveness, funding of C1-inhibitors and icatibant for acute attacks of hereditary angioedema is **LOW PRIORITY** in all other circumstances.

Funding for self-administration of parenteral drugs in an acute attack is **LOW PRIORITY**.

**Prophylactic treatment**

Because of limited evidence of clinical effectiveness and lack of evidence of cost effectiveness, funding of C1-inhibitors and icatibant is **LOW PRIORITY** for the prophylaxis of attacks of hereditary angioedema.

Funding for self-administration of parenteral drugs for prophylaxis is **LOW PRIORITY**.

Hereditary angioedema (HAE) is a rare condition, arising from a genetic deficiency of C1-esterase inhibitor, also called C1-inhibitor, a regulator of inflammatory pathways. People with HAE experience acute attacks of angioedema involving the development of localised oedematous swellings in subcutaneous or submucosal soft tissues. These are usually mild but occasionally more severe; laryngeal oedema can be life-threatening.

Berenert, Cinryze, conestat alfa and icatibant are newer parenteral drugs which supplement the range of existing oral treatments. The evidence of their clinical and cost effectiveness is insufficient to justify their general use, either in the treatment of acute attacks or in prophylaxis.

**NOTES:**

1. *Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.*
2. *This recommendation will be reviewed in the light of new evidence or guidance from NICE.*
3. *South Central recommendations can be viewed at <http://www.sph.nhs.uk/ebc/policy-recommendations/mobbb-policies>*