

Treatment with *Pharmalgen*® should be initiated and monitored in a specialist centre experienced in venom immunotherapy.

www.nice.org.uk/TA246

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Powder and solvent for solution for injection

▶ **Wasp Venom** (ALK-Abello Ltd)

Wasp venom 120 nanogram Pharmalgen Wasp Venom 120nanogram powder and solvent for solution for injection vials | 1 vial [PoM] [X]

Wasp venom 1.2 microgram Pharmalgen Wasp Venom 1.2microgram powder and solvent for solution for injection vials | 1 vial [PoM] [X]

Wasp venom 12 microgram Pharmalgen Wasp Venom 12microgram powder and solvent for solution for injection vials | 1 vial [PoM] [X]

Wasp venom 120 microgram Pharmalgen Wasp Venom maintenance set 120microgram vaccine powder and solvent for solution for injection vials | 4 vial [PoM] £150.00

2.1 Angioedema

Other drugs used for Angioedema Adrenaline/epinephrine, p. 138

DRUGS USED IN HEREDITARY ANGIOEDEMA > COMPLEMENT REGULATORY PROTEINS

C1-esterase inhibitor

05-Dec-2017

● INDICATIONS AND DOSE

BERINERT®

Acute attacks of hereditary angioedema (under expert supervision)

- ▶ BY SLOW INTRAVENOUS INJECTION, OR BY INTRAVENOUS INFUSION
- ▶ Child: 20 units/kg

Short-term prophylaxis of hereditary angioedema before dental, medical, or surgical procedures (under expert supervision)

- ▶ BY SLOW INTRAVENOUS INJECTION, OR BY INTRAVENOUS INFUSION
- ▶ Child: 15–30 units/kg (max. per dose 1000 units) for 1 dose, to be administered less than 6 hours before procedure

CINRYZE®

Acute attacks of hereditary angioedema (under expert supervision)

- ▶ BY SLOW INTRAVENOUS INJECTION
- ▶ Child 2–11 years (body-weight 10–25 kg): 500 units for 1 dose, dose may be repeated if necessary after 60 minutes
- ▶ Child 2–11 years (body-weight 26 kg and above): 1000 units for 1 dose, dose may be repeated if necessary after 60 minutes
- ▶ Child 12–17 years: 1000 units for 1 dose, dose may be repeated if necessary after 60 minutes (or sooner for patients experiencing laryngeal attacks or if treatment initiation is delayed)

Short-term prophylaxis of hereditary angioedema before dental, medical, or surgical procedures (under expert supervision)

- ▶ BY SLOW INTRAVENOUS INJECTION
- ▶ Child 2–11 years (body-weight 10–25 kg): 500 units for 1 dose, to be administered up to 24 hours before procedure

- ▶ Child 2–11 years (body-weight 26 kg and above): 1000 units for 1 dose, to be administered up to 24 hours before procedure
- ▶ Child 12–17 years: 1000 units for 1 dose, to be administered up to 24 hours before procedure

Long-term prophylaxis of severe, recurrent attacks of hereditary angioedema where acute treatment is inadequate, or when oral prophylaxis is inadequate or not tolerated (under expert supervision)

▶ BY SLOW INTRAVENOUS INJECTION

- ▶ Child 6–11 years: 500 units every 3–4 days, dose and dosing interval to be adjusted according to response
- ▶ Child 12–17 years: 1000 units every 3–4 days, interval between doses to be adjusted according to response

- **CAUTIONS** Vaccination against hepatitis A and hepatitis B may be required

● **SIDE-EFFECTS**

- ▶ **Rare or very rare** Dizziness · dyspnoea · flushing · headache · hypersensitivity · hypertension · hypotension · nausea · tachycardia · thrombosis (with high doses) · urticaria

- **PREGNANCY** Manufacturer advises avoid unless essential.

● **DIRECTIONS FOR ADMINISTRATION**

CINRYZE® For *slow intravenous injection*, reconstitute (with solvent provided) to a concentration of 100 units/mL; give at a rate of 1 mL/minute.

- **PRESCRIBING AND DISPENSING INFORMATION** C1-esterase inhibitor is prepared from human plasma.

● **NATIONAL FUNDING/ACCESS DECISIONS**

CINRYZE®

All Wales Medicines Strategy Group (AWMSG) decisions

The *All Wales Medicines Strategy Group* has advised (October 2017) that C1-esterase inhibitor (*Cinryze*®) is recommended as an option for use within NHS Wales for the treatment and pre-procedure prevention of angioedema attacks in patients 2 years old and above, with hereditary angioedema (HAE); routine prevention of angioedema attacks in patients 6 years old and above, with severe and recurrent attacks of HAE, who are intolerant to or insufficiently protected by oral prevention treatments, or patients who are inadequately managed with repeated acute treatment.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Powder and solvent for solution for injection

ELECTROLYTES: May contain Sodium

▶ **Berinert P** (CSL Behring UK Ltd)

C1-esterase inhibitor 500 unit Berinert 500unit powder and solvent for solution for injection vials | 1 vial [PoM] £550.00 DT = £550.00

C1-esterase inhibitor 1500 unit Berinert 1,500unit powder and solvent for solution for injection vials | 1 vial [PoM] £1,650.00 DT = £1,650.00

▶ **Cinryze** (Shire Pharmaceuticals Ltd) ▼

C1-esterase inhibitor 500 unit Cinryze 500unit powder and solvent for solution for injection vials | 2 vial [PoM] £1,336.00

DRUGS USED IN HEREDITARY ANGIOEDEMA > SELECTIVE BRADYKININ B₂ ANTAGONISTS

Icatibant

13-Jun-2018

● **INDICATIONS AND DOSE**

Acute attacks of hereditary angioedema in patients with C1-esterase inhibitor deficiency

▶ BY SUBCUTANEOUS INJECTION

- ▶ Child 2–17 years (body-weight 12 kg and above): (consult product literature)

- **CAUTIONS** Ischaemic heart disease · stroke

- **INTERACTIONS** → Appendix 1: icatibant