

# Cinryze (C1 esterase inhibitor [human]) — HCPCS J0598

CARECOST ESTIMATE · BILLING CHEAT SHEET

Takeda Pharmaceuticals 500 IU / 5 mL single-dose vial IV infusion ~10 min, q3-4 days HAE Type I/II prophylaxis ONLY

Reviewed: May 2, 2026 ASP: Q2 2026

<b>UNIT BASIS</b> <b>10 IU = 1u</b> <b>NOT 1 IU — biller error trap</b>	<b>HCPCS</b> <b>J0598</b> "C-1 esterase, cinryze"	<b>DOSE</b> <b>100 units</b> 1,000 IU IV q3-4d · 2 vials	<b>MODIFIER</b> <b>JZ</b> Single-dose vial, no waste	<b>MEDICARE ASP+6%</b> <b>\$65.501</b> /10 IU · \$6,550.10/dose
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**BILLER ERROR TRAP — J0598 unit = 10 IU, NOT 1 IU.** A 1,000 IU dose = **100 units** (1,000 ÷ 10), not 1,000. Billing 1,000 units overpays 10x and triggers payer recoupment audits. Read the HCPCS short descriptor "C-1 esterase, cinryze, 10 units" before every claim.

**PROPHYLAXIS ONLY.** Cinryze J0598 = routine prophylaxis. NOT for acute HAE attacks. Acute attacks → **Berinert (J0597, plasma C1-INH IV — same molecule, different indication) or Ruconest (J0596, recombinant C1-INH IV).**

CODES & NDC	
HCPCS	J0598 — "Injection, C-1 esterase inhibitor (human), Cinryze, <b>10 units</b> " (permanent)
NDC	42227-081-05 (10) / 42227-0081-05 (11) — N4 qualifier, EA × 2 for 1,000 IU dose
VIAL	500 IU lyophilized + 5 mL Sterile Water for Injection diluent → 100 IU/mL solution; single-dose vial
INDICATION	HAE Type I & II <b>routine prophylaxis</b> , adolescent (≥12) + adult; pediatric ≥6 yr at lower dose
BENEFIT	Medical (provider buy-and-bill); some payers via specialty home infusion

ICD-10 — HAE PROPHYLAXIS	
CODE	FOR
D84.1	<b>Primary prophylaxis</b> — defects in complement system
D89.49	Other complement disorder (supporting)
T78.3xxx	Angioneurotic edema — for attack history docs only; <b>NOT primary on prophylaxis claim</b>
T78.40xx	Allergy unspecified — <b>avoid</b> , payers deny

**PA must include:** C4 + C1-INH antigen + C1-INH function labs + attack frequency + allergist/immunologist consult.

DOSING & UNIT MATH	
• <b>Adult/adol (≥12):</b> 1,000 IU IV q3-4 days = <b>100 units</b> (2 × 500 IU vials)	
• <b>Pediatric 6–11 yr:</b> 500 IU IV q3-4d = <b>50 units</b> (1 vial)	
• Reconstitute 500 IU + 5 mL SWFI → 100 IU/mL; infuse at 1 mL/min	
• 1,000 IU dose = 10 mL infused over <b>~10 min</b>	
• ~104 doses/year (q3.5d avg) → <b>10,400 units/year</b>	
• <b>No premedication required</b>	

PAYER REQUIREMENTS (MAY 2026)		
PAYER	PA	STEP / SOC
UnitedHealthcare	Yes	HAE Type I/II labs; many plans steer Takhzyro/Haegarda first; home infusion preferred
Aetna	Yes	HAE labs + attack freq + specialist; HOPD disfavored
Cigna / ESI	Yes	SC step (Takhzyro/Haegarda) for new starts; AccredoHealth home
BCBS	Yes	Plan-specific; aligned w/ US HAEA + WAO/EAACI

HAE CLASS — 5-DRUG MAP		
DRUG	HCPCS	USE / ROUTE
<b>Cinryze</b>	J0598 (10 IU)	Prophy / IV q3-4d
Haegarda	J0599 (10 IU)	Prophy / SC q3-4d (CSL)
Takhzyro	J0593 (1 mg)	Prophy / SC q2-4wk (mAb)
Berinert	J0597 (10 IU)	<b>Acute</b> / IV (same mol. as Cinryze)
Ruconest	J0596 (10 IU)	Acute / IV (recombinant)

**Cinryze ≠ Berinert by indication only.** Same molecule, different HCPCS, different ICD-10 documentation.

MEDICARE REIMBURSEMENT (Q2 2026)	
FIELD	VALUE
ASP + 6%	<b>\$65.501 / 10 IU unit</b> (eff. 4/1 – 6/30/2026)
Per IU	~\$6.55/IU (multiply ×10 to compare to billing-unit ASP)
1,000 IU dose	<b>\$6,550.10</b> (100 × \$65.501)
500 IU pediatric	\$3,275.05 (50 × \$65.501)
Annual (~104 doses)	~\$681,210/yr (before sequester)

## ADMINISTRATION & MODIFIERS

CODE	WHEN
96365	<b>Primary</b> — IV non-chemo, ~10-min infusion fits 1-hr window
96366	Each additional hour — rarely needed
96374	Some payers reclassify to IV-push given short duration; verify policy
96413	<b>NOT appropriate</b> — Cinryze is plasma-derived, not chemo

**Home infusion:** S9329 + 99601/99602 (specialty home infusion vendor)

**JZ on virtually every claim.** Fixed 1,000 IU dose = exactly 2 whole vials, no waste. JW only if off-label fractional dose creates partial-vial waste.

## SITE OF CARE

SETTING	POS	NOTES
Patient home (home infusion)	12	<b>Often preferred</b> by UHC for chronic q3-4d schedule
Allergy/immunology office	11	Acceptable for in-clinic doses
Ambulatory infusion suite	49	Acceptable
Hospital outpatient	19/22	Disfavored after induction

## PATIENT ASSISTANCE — TAKEDA ONEPATH

- **Phone: 1-866-861-1750** (Takeda OnePath HAE)
- **Cinryze Co-Pay Program:** commercial — **first dose free** + ongoing copay support (excludes Medicare/Medicaid/federal)
- **Takeda Patient Assistance Foundation:** free product for uninsured/underinsured
- **Bridge supply** while PA pending
- **Medicare:** PAN, HealthWell, US HAEA Patient Assistance — verify HAE funds quarterly
- Web: [cinryze.com](http://cinryze.com) / Takeda OnePath HAE

**Top denials:** (1) 10× unit overbill; (2) acute-attack ICD-10 on J0598; (3) JZ missing; (4) HAE labs missing in PA; (5) step-therapy not met (Takhzyro/Haegarda).