

Pre - PA Allowance

None

Prior-Approval Requirements

Age 2 years of age and older

Diagnosis

Patient must have the following:

1. Hereditary Angioedema (HAE) with **ONE** of the following:
 - a. Patient has a C1 inhibitor deficiency or dysfunction as confirmed by laboratory testing **AND ALL** of the following:
 - i. C4 level below the lower limit of normal as defined by the laboratory performing the test
 - ii. C1 inhibitor (C1-INH) antigenic level below the lower limit of normal as defined by the laboratory performing the test **OR** normal C1-INH antigenic level and a low C1-INH functional level (functional C1-INH less than 50% or C1-INH functional level below the lower limit of normal as defined by the laboratory performing the test)
 - b. Patient has normal C1 inhibitor as confirmed by laboratory testing **AND ONE** of the following:
 - i. F12, angiopoietin-1, plasminogen, or kininogen-1 (KNG1) gene mutation as confirmed by genetic testing
 - ii. Documented family history of angioedema and the angioedema was refractory to a trial of high-dose antihistamine (e.g., cetirizine) for at least one month

AND ALL of the following:

1. Routine prevention of hereditary angioedema attacks
2. **NO** dual therapy with other agents for the prevention of hereditary angioedema attacks (e.g., Cinryze, Haegarda, Orladeyo)
3. Inadequate treatment response or intolerance to a short-term course (5-days or less) of an androgen such as danazol, or a contraindication to one such as:
 - a. Undiagnosed abnormal genital bleeding
 - b. Markedly impaired hepatic, renal, or cardiac function
 - c. Pregnancy (member is currently pregnant or may become pregnant)

- d. Breast feeding
- e. Porphyria
- f. Androgen-dependent tumor
- g. Active thrombosis or history of thromboembolic disease
- h. Prepubertal child

Prior - Approval Limits

Duration 12 Months

Prior – Approval *Renewal* Requirements

Age 2 years of age and older

Diagnosis

Patient must have the following:

Hereditary Angioedema (HAE)

AND ALL of the following:

1. Routine prevention of hereditary angioedema attacks
2. Patient has experienced a significant reduction in frequency of hereditary angioedema attacks since starting treatment
3. **NO** dual therapy with other agents for the prevention of hereditary angioedema attacks (e.g., Cinryze, Haegarda, Orladeyo)

Prior – Approval *Renewal* Limits

Same as above