Reference number(s)
2100-A

Specialty Guideline Management
Haegarda

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Haegarda	C1 Esterase Inhibitor Subcutaneous [Human]

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications[1]

Haegarda is indicated for routine prophylaxis to prevent Hereditary Angioedema (HAE) attacks in patients 6 years of age and older.

All other indications are considered experimental/investigational and not medically necessary.

Documentation

Submission of the following information is necessary to initiate the prior authorization review:

- For initial authorization, the following should be documented:
  - C1 inhibitor functional and antigenic protein levels

    - F12, angiopoietin-1, plasminogen, kininogen-1 (KNG1), heparan sulfate-glucosamine 3-O-sulfotransferase 6 (HS3ST6), or myoferlin (MYOF) pathogenic variant testing, if applicable
    - Chart notes confirming family history of angioedema and the member's angioedema was refractory to a trial of high-dose antihistamine therapy, if applicable
- For continuation of therapy, chart notes demonstrating a reduction in frequency of attacks.

Prescriber Specialties

This medication must be prescribed by or in consultation with a prescriber who specializes in the management of hereditary angioedema (HAE).

Coverage Criteria

Hereditary Angioedema (HAE)[1-16]

Authorization of 12 months may be granted for prevention of hereditary angioedema attacks when the requested medication will not be used in combination with any other medication used for prophylaxis of HAE attacks and both of the following criteria is met at the time of diagnosis:

- Member meets either of the following criteria:
    - Member has C1 inhibitor deficiency or dysfunction as confirmed by laboratory testing and meets one of the following criteria:
        - 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).
    - Member has normal C1 inhibitor as confirmed by laboratory testing and meets one of the following criteria:
        - Member has an F12, angiopoietin-1, plasminogen, kininogen-1 (KNG1), heparan sulfate-glucosamine 3-O-sulfotransferase 6 (HS3ST6), or myoferlin (MYOF) pathogenic variant as confirmed by genetic testing, or
        - Member has a documented family history of angioedema and the member's angioedema was refractory to a trial of high-dose antihistamine therapy (i.e., cetirizine at 40 mg per day or the equivalent) for at least one month.
- Other causes of angioedema have been ruled out (e.g., angiotensin-converting enzyme inhibitor [ACE-I] induced angioedema, angioedema related to an estrogen-containing drug, allergic angioedema).

Continuation of Therapy

Authorization of 12 months may be granted for continuation of therapy when all of the following criteria are met:

- Member meets all requirements in the coverage criteria section.
- Member has experienced a significant reduction in frequency of attacks (e.g., ≥ 50%) since starting prophylactic treatment.
- Member has reduced the use of medications to treat acute attacks since starting prophylactic treatment.

References

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15. Sharma J, Jindal AK, Banday AZ, et al. Pathophysiology of Hereditary Angioedema (HAE) Beyond the SERPING1 Gene [published online ahead of print, 2021 Jan 14] [published correction appears in Clin Rev Allergy Immunol. 2021 Feb 17]. Clin Rev Allergy Immunol. 2021;10.1007/s12016-021-08835-8. Doi:10.1007/s12016-021-08835-8.
16. Kanani, A., Schellenberg, R. & Warrington, R. Urticaria and angioedema. All Asth Clin Immun 7, S9 (2011), Table 2.