

Clinical Pharmacy Program Guidelines for Haegarda-ARIZONA

Program	Prior Authorization/Notification
Medication	Haegarda® (C1 esterase inhibitor Subcutaneous, human)

1. Background

Haegarda is a plasma-derived C1 esterase inhibitor subcutaneous (human) indicated for routine prophylaxis to prevent Hereditary Angioedema (HAE) attacks in adolescent and adult patients.¹

2. Coverage Criteria:

<p>A. Haegarda will be approved based on all of the following criteria:</p> <ol style="list-style-type: none"> 1. Diagnosis of hereditary angioedema (HAE) <p style="text-align: center;">-AND-</p> <ol style="list-style-type: none"> 2. Both of the following: <ol style="list-style-type: none"> a. For prophylaxis against HAE attacks <p style="text-align: center;">-AND-</p> <ol style="list-style-type: none"> b. Not used in combination with other approved C1 esterase inhibitors indicated for prophylaxis against HAE attacks (e.g. Cinryze) <p style="text-align: center;">-AND-</p> 3. Patient has a history of failure, contraindication, or intolerance to Cinryze <p>Authorization of therapy will be issued for 12 months.</p>
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3. References:

1. Haegarda [package insert]. Kankakee, IL: CSL Behring LLC.; June 2017.

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Change Control	
1/2018	New policy specific to Arizona.