UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Haegarda

Program	Prior Authorization/Notification
Medication	Haegarda® (C1 esterase inhibitor Subcutaneous, human)
Issue Date	7/2017
Pharmacy and Therapeutics Approval Date	8/2017
Effective Date	9/2017

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:

A. Haegarda will be approved based on **both** of the following criteria:

1. Diagnosis of hereditary angioedema (HAE)

-AND-

2. **Both** of the following:

   a. For prophylaxis against HAE attacks

   -AND-

   b. Not used in combination with other approved C1 esterase inhibitors indicated for prophylaxis against HAE attacks (e.g. Cinryze)

Authorization of therapy will be issued for 12 months.

3. References:

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

Program	Prior Authorization - Haegarda (C1 esterase inhibitor subcutaneous, human)
Change Control	
8/2017	New program.