VENTURA COUNTY
HEALTH CARE PLAN

UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Hereditary Angioedema – C1 Esterase Inhibitors (Subcutaneous) Utilization Management Medical Policy
- Haegarda® (C1 esterase inhibitor [human] subcutaneous injection – CSL Behring)

REVIEW DATE: 08/25/2021; selected revision 06/01/2022

OVERVIEW

Haegarda, a human plasma-derived C1 esterase inhibitor (C1-INH), is indicated for **routine prophylaxis to prevent hereditary angioedema (HAE) attacks** in adults and pediatric patients ≥ 6 years of age.[1]

Guidelines

According to US HAE Association Medical Advisory Board Guidelines (2020), when HAE is suspected based on clinical presentation, appropriate testing includes measurement of the serum C4 level, C1-INH antigenic level, and C1-INH functional level.[2] Low C4 plus low C1-INH antigenic or functional level is consistent with a diagnosis of HAE types I/II. The decision on when to use long-term prophylaxis cannot be made on rigid criteria but should reflect the needs of the individual patient. First-line medications for HAE I/II include intravenous C1-INH, Haegarda, or Takhzyro® (lanadelumab-flyo subcutaneous injection). The guideline was written prior to approval of Orladeyo® (berotralstat capsules). The International/Canadian HAE Guideline (2019) notes that plasma-derived C1-INH and Takhzyro are effective therapies for long-term prophylaxis in patients with HAE I/II (high level of evidence, strong recommendation).[3]

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Haegarda. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Haegarda as well as the monitoring required for adverse events and long-term efficacy, approval requires Haegarda to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Documentation: Documentation will be required where noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, laboratory records, and prescription claims records.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Haegarda is recommended in those who meet the following criteria:

FDA-Approved Indication

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1. **Hereditary Angioedema (HAE) Due to C1 Inhibitor (C1-INH) Deficiency [Type I or Type II] – Prophylaxis**. Approve Haegarda for the duration noted if the patient meets one of the following criteria (A or B):
   - **A)** Initial therapy. Approve for 1 year if the patient meets both of the following criteria (i and ii):
     - **i.** Patient has HAE type I or type II as confirmed by the following diagnostic criteria (a and b):
       Note: A diagnosis of HAE with normal C1-INH (also known as HAE type III) does NOT satisfy this requirement.
       - **a)** Patient has low levels of functional C1-INH protein (< 50% of normal) at baseline, as defined by the laboratory reference values **[documentation required]**; AND
       - **b)** Patient has lower than normal serum C4 levels at baseline, as defined by the laboratory reference values **[documentation required]**; AND
     - **ii.** The medication is prescribed by or in consultation with an allergist/immunologist or a physician who specializes in the treatment of HAE or related disorders.
   - **B)** Patient is currently receiving Haegarda prophylaxis. Approve for 1 year if the patient meets all of the following criteria (i, ii, and iii):
     - **i.** Patient has a diagnosis of HAE type I or II **[documentation required]**; AND
       Note: A diagnosis of HAE with normal C1-INH (also known as HAE type III) does NOT satisfy this requirement.
     - **ii.** According to the prescriber, the patient has had a favorable clinical response since initiating Haegarda prophylactic therapy compared with baseline (i.e., prior to initiating prophylactic therapy); AND
       Note: Examples of favorable clinical response include decrease in HAE acute attack frequency, decrease in HAE attack severity, or decrease in duration of HAE attacks.
     - **iii.** The medication is prescribed by or in consultation with an allergist/immunologist or a physician who specializes in the treatment of HAE or related disorders.

   Dosing. Approve up to a maximum dose of 60 IU/kg by subcutaneous injection, no more frequently than once every 3 days.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Haegarda is not recommended in the following situations:

1. **Concomitant Use with Other Hereditary Angioedema (HAE) Prophylactic Therapies.** Haegarda has not been studied in combination with other prophylactic therapies for HAE, and combination therapy for long-term prophylactic use is not recommended. Patients may use other medications, including Cinryze, for treatment of acute HAE attacks, and for short-term (procedural) prophylaxis. Note: Examples of other HAE prophylactic therapies include Cinryze® (C1 esterase inhibitor [human] intravenous infusion), Orladeyo® (berotralstat capsules), and Takhzyro® (lanadelumab-flyo subcutaneous injection).

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Haegarda® subcutaneous injection [prescribing information]. Kankakee, IL: CSL Behring; September 2020.
2. Busse PJ, Christiansen SC, Riedl MA, et al. US HAEA Medical Advisory Board 2020 guidelines for the management of hereditary angioedema. *J Allergy Clin Immunol Pract*. 2021 Jan;9(1):132-150.e3.
3. Betschel S, Badiou J, Binkley K, et al. The International/Canadian Hereditary Angioedema Guideline [published correction appears in Allergy Asthma Clin Immunol. 2020 May 6;16:33]. *Allergy Asthma Clin Immunol*. 2019;15:72.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	Examples of response to therapy moved to a note (previously these were listed in criteria).	08/26/2020
Update	**01/25/2021:** No changes to criteria. The Overview section was updated to include expanded indication in pediatric patients.	NA
Annual Revision	**Concomitant Use with Other Hereditary Angioedema (HAE) Prophylactic Therapies:** Examples of prophylactic therapies were moved from the Condition Not Recommended for Approval into a Note. Orladeyo (berotralstat capsules) was added to the list of examples.	08/25/2021
Selected Revision	**Hereditary Angioedema (HAE) Due to C1 Inhibitor (C1-INH) Deficiency [Type I or Type II] – Prophylaxis:** A Note was added to the initial and continuation criteria that a diagnosis of HAE with normal C1-INH (also known as HAE type III) does not satisfy the requirement for a diagnosis of HAE type I or type II.	06/01/2022