Market Applicability														
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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Haegarda (C1 esterase inhibitor [Human])

DRUG.00058

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Haegarda (C1 esterase inhibitor [Human]) subcutaneous injection	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Haegarda (C1 esterase inhibitor [Human]) may be approved for *prophylaxis* against acute attacks of hereditary angioedema in individuals who meet the following criteria:

I. Individual is 12 years of age or older; **AND**
II. Individual has a diagnosis of Hereditary Angioedema (HAE) confirmed by a C4 level below the lower limit of normal as defined by the laboratory performing the test **AND** ANY of the following (A, B, or C);
    A. C1 inhibitor (C1-INH) antigenic level below the lower limit of normal as defined by the laboratory performing the test; **OR**
    B. C1-INH functional level below the lower limit of normal as defined by the laboratory performing the test; **OR**
    C. The presence of a known HAE-causing C1-INH mutation; **AND**
III. There is a history of moderate or severe attacks (for example, airway swelling, severe abdominal pain, facial swelling, nausea and vomiting, painful facial distortion); **AND**
IV. Haegarda is being used for prophylaxis for EITHER of the following (a or b) indications:
    A. Short term prophylaxis prior to surgery, dental procedures or intubation; **OR**
    B. Long-term prophylaxis and the individual has failed, is intolerant to, or has a contraindication (for example, under the age of 12, or pregnant, or breastfeeding) to 17 alpha-alkylated androgens (for example, danazol) or antifibrinolytic agents (for example, aminocaproic acid).

Market Applicability														
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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State Specific Mandates		
State name N/A	Date effective N/A	Mandate details (including specific bill if applicable) N/A

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Market Applicability														
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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