

Texas Prior Authorization Program Clinical Criteria

Drug/Drug Class

Hereditary Angioedema (HAE)

This criteria was recommended for review by an MCO to ensure appropriate and safe utilization

Clinical Criteria Information Included in this Document

Agents for the treatment of HAE

- **Drugs requiring clinical prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Clinical prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

- Initial publication



Hereditary Angioedema (HAE) Agents

Drugs Requiring Clinical Prior Authorization

Medication for HAE	
Label Name	GCN
BERINERT 500 UNIT KIT	31159
FIRAZYR 30 MG/3 ML SYRINGE	14778
KALBITOR 10 MG/ML VIAL	28088
RUCONEST 2100 UNIT VIAL	30182
TAKHZYRO 300 MG/2 ML VIAL	45184



Hereditary Angioedema (HAE) Agents

Clinical Criteria Logic

1. Is the client ≥ 5 years of age?
 - Yes – And request is for Berinert, go to #5
 - Yes – And request is for another agent, go to #2
 - No – Deny

2. Is the client ≥ 12 years of age?
 - Yes – And request is for Kalbitor or Takhzyro, go to #5
 - Yes – And request is for another agent, go to #3
 - No – Deny

3. Is the client ≥ 13 years of age?
 - Yes – And request is for Ruconest, go to #5
 - Yes – And request is for another agent, go to #4
 - No – Deny

4. Is the client ≥ 18 years of age?
 - Yes – And request is for Firazyr, go to #5
 - No – Deny

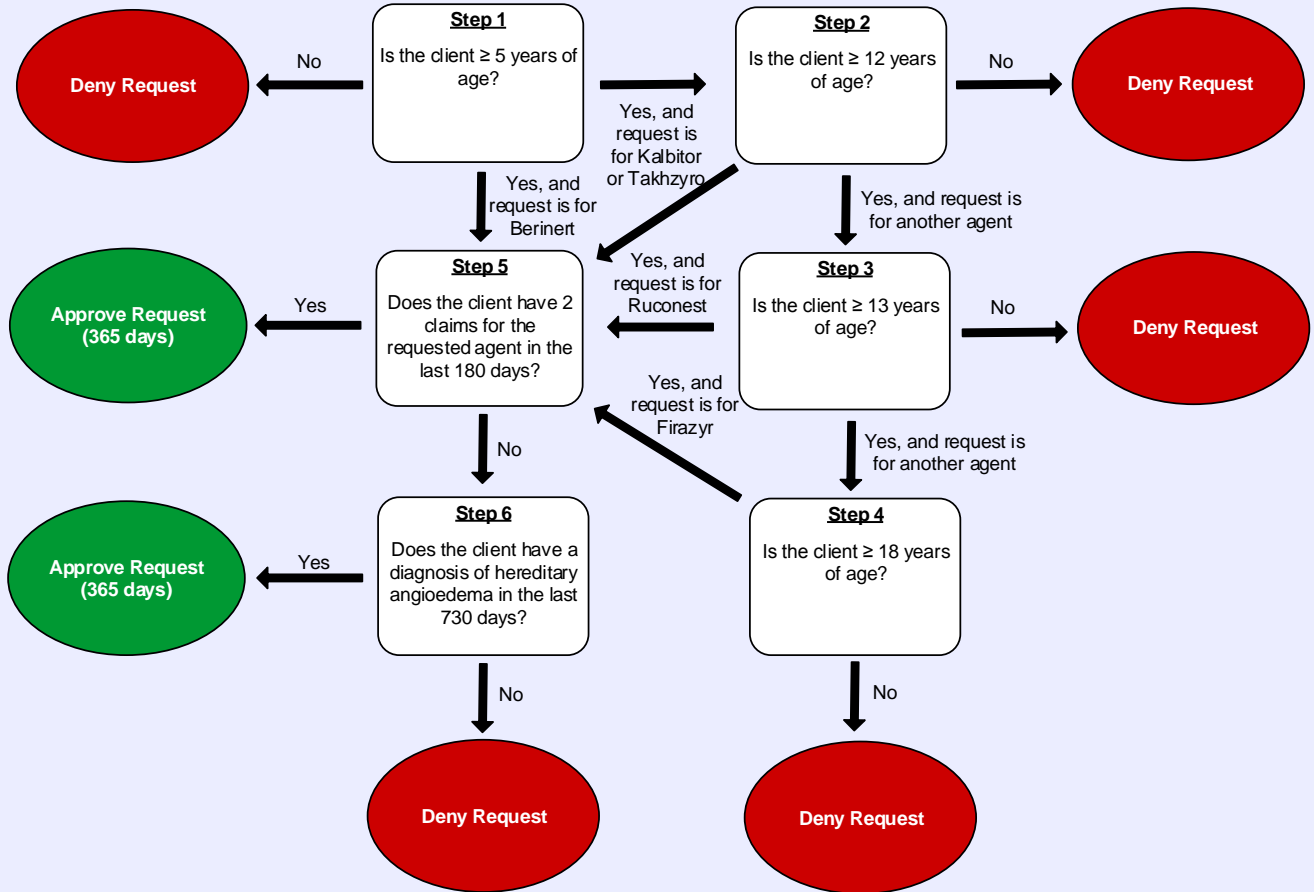
5. Does the client have 2 claims for the requested agent in the last 180 days?
 - Yes – Approve (365 days)
 - No – Go to #6

6. Does the client have a **diagnosis of hereditary angioedema** in the last 730 days?
 - Yes – Approve (365 days)
 - No – Deny



Hereditary Angioedema (HAE) Agents

Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Step 6 (diagnosis of hereditary angioedema)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
D841	DEFECTS IN THE COMPLEMENT SYSTEM



Hereditary Angioedema (HAE) Agents

Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier / Gold Standard, Inc. 2019. Available at www.clinicalpharmacology.com. Accessed on April 26, 2019.
2. Drug Facts and Comparisons. eFacts [online]. 2019. Available from Wolters Kluwer Health, Inc. Accessed on April 26, 2019.
3. Berinert Prescribing Information. Kankakee, IL. CSL Behring LLC. September 2017.
4. Firazyr Prescribing Information. Shire Human Genetic Therapies. December 2015.
5. Kalbitor Prescribing Information. Burlington, MA. Dyax Corp. March 2015.
6. Ruconest Prescribing Information. Bridgewater, NJ. Pharming Healthcare Inc. March 2018.
7. Takhzyro Prescribing Information. Burlington, MA. Dyax Corp. August 2018.



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Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
04/26/2019	Initial publication and presentation to the DUR Board