

**Texas Prior Authorization Program  
Clinical Criteria**

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**Drug/Drug Class**

## **Hereditary Angioedema (HAE)**

**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**

Addition of Tahkzyro and agents used for treatment of acute attacks. Criteria approved by the DUR Board on April 26, 2019.



## Hereditary Angioedema (HAE) Agents

### Drugs Requiring Clinical Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

Medication for HAE	
Label Name	GCN
BERINERT 500 UNIT KIT	31159
CINRYZE 500 UNIT VIAL	10495
FIRAZYR 30 MG/3 ML SYRINGE	14778
HAEGARDA 2,000 UNIT VIAL	37478
HAEGARDA 3,000 UNIT VIAL	43356
KALBITOR 10 MG/ML VIAL	28088
RUCONEST 2100 UNIT VIAL	30182
TAKHZYRO 300 MG/2 ML VIAL	45184



## Hereditary Angioedema (HAE) Agents

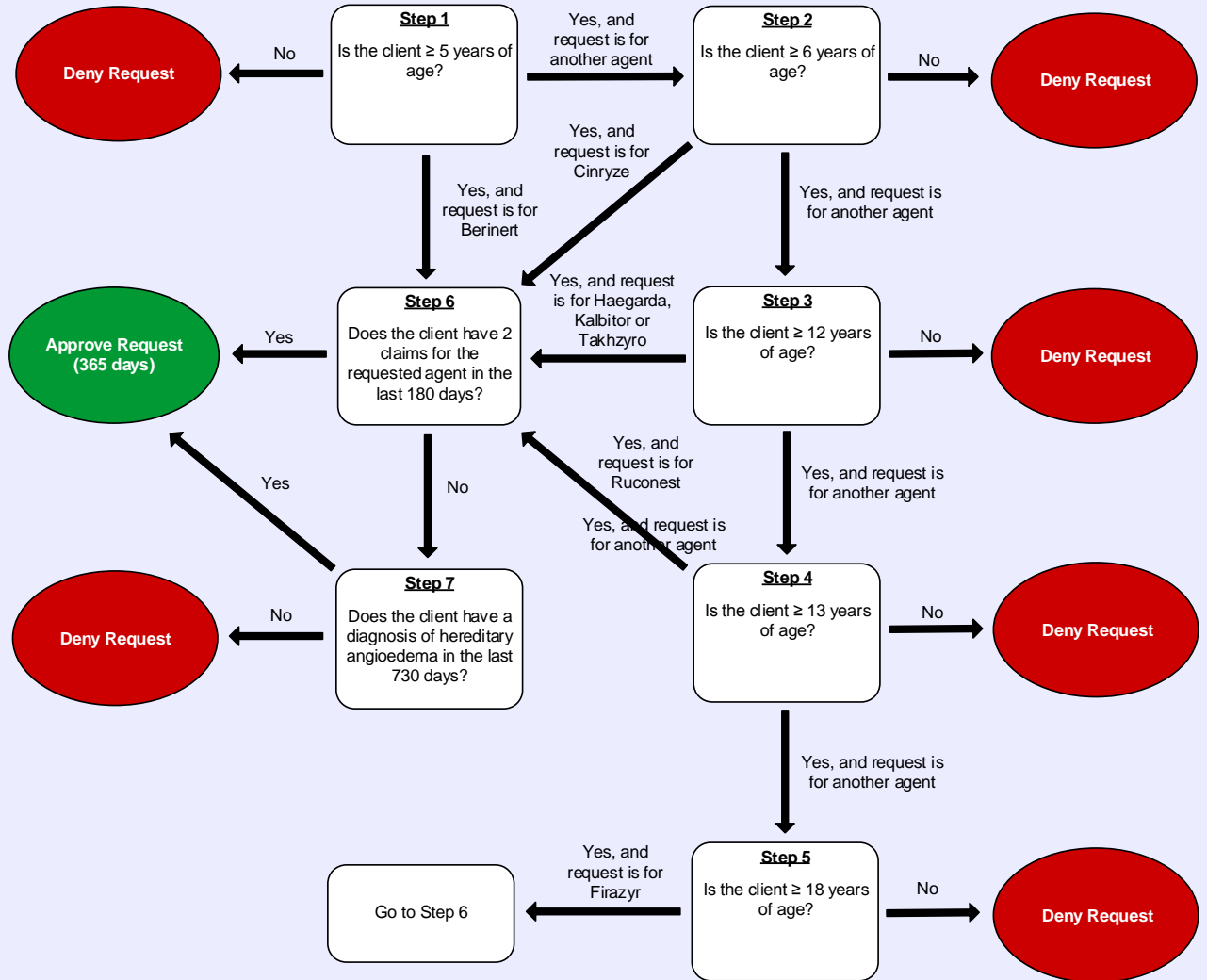
### Clinical Criteria Logic

1. Is the client  $\geq$  5 years of age?
  - Yes – And request is for Berinert, go to #6
  - Yes – And request is for another agent, go to #2
  - No – Deny
2. Is the client  $\geq$  6 years of age?
  - Yes – And request is for Cinryze, go to #6
  - Yes – And request is for another agent, go to #3
  - No – Deny
3. Is the client  $\geq$  12 years of age?
  - Yes – And request is for Haegarda, Kalbitor or Takhzyro, go to #6
  - Yes – And request is for another agent, go to #4
  - No – Deny
4. Is the client  $\geq$  13 years of age?
  - Yes – And request is for Ruconest, go to #6
  - Yes – And request is for another agent, go to #5
  - No – Deny
5. Is the client  $\geq$  18 years of age?
  - Yes – And request is for Firazyr, go to #6
  - No – Deny
6. Does the client have 2 claims for the requested agent in the last 180 days?
  - Yes – Approve (365 days)
  - No – Go to #7
7. 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





## Hereditary Angioedema (HAE) Agents

### Clinical Criteria Supporting Tables

<b>Step 4 (diagnosis of hereditary angioedema)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
D841	DEFECTS IN THE COMPLEMENT SYSTEM



## Hereditary Angioedema (HAE) Agents

### Clinical Criteria References

1. 2014 ICD-9-CM Diagnosis Codes, Volume 1. 2013. Available at <http://www.icd9data.com/>. Accessed on July 31, 2015.
2. 2014 ICD-10-CM Diagnosis Codes, Volume 1. 2013. Available at <http://www.icd9data.com/>. Accessed on July 31, 2015.
3. Cicardi M, Bork K, Caballero T, et al. Hereditary Angioedema International Working Group. Evidence-based recommendations for the therapeutic management of angioedema owing to hereditary C1 inhibitor deficiency: consensus report of an International Working Group. *Allergy* 2012;67:147-57.
4. Cinryze Prescribing Information. Lexington, MA. Shire ViroPharma, Inc. June 2018.
5. Haegarda Prescribing Information. Kankakee, IL. CSL Behring LLC. October 2017.
6. Clinical Pharmacology [online database]. Tampa, FL: Elsevier / Gold Standard, Inc. 2019. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on April 26, 2019.
7. Drug Facts and Comparisons. eFacts [online]. 2019. Available from Wolters Kluwer Health, Inc. Accessed on April 26, 2019.
8. Berinert Prescribing Information. Kankakee, IL. CSL Behring LLC. September 2017.
9. Firazyr Prescribing Information. Shire Human Genetic Therapies. December 2015.
10. Kalbitor Prescribing Information. Burlington, MA. Dyax Corp. March 2015.
11. Ruconest Prescribing Information. Bridgewater, NJ. Pharming Healthcare Inc. March 2018.
12. Takhzyro Prescribing Information. Burlington, MA. Dyax Corp. August 2018.



## Hereditary Angioedema (HAE) Agents

### 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
04/10/2014	Presented to the DUR Board
04/25/2014	Initial publication and posting to website
07/31/2015	Review of ICD-9 and ICD-10 codes
06/25/2018	Removed ICD-9 codes GCNs for Haegarda added to 'Drugs Requiring PA', page 2 GCN for Firazyr removed from 'Drugs Requiring PA', page 2 Logic and logic diagram updated, pages 3-4 Updated references, page 7
03/29/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a> .) on each 'Drug Requiring PA' table
05/01/2019	Addition of Tahkzyro and agents for treatment of acute HAE attacks. Criteria approved by the DUR Board on April 26, 2019