

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 1225-9
Program	Prior Authorization/Notification
Medication	Haegarda® (C1 esterase inhibitor Subcutaneous, human)
P&T Approval Date	8/2017, 7/2018, 7/2019, 7/2020, 7/2021, 7/2022, 7/2023, 3/2024, 3/2025
Effective Date	6/1/2025

1. Background:

Haegarda is a plasma-derived concentrate of C1 esterase inhibitor (human) (C1-INH) indicated for routine prophylaxis to prevent Hereditary Angioedema (HAE) attacks in patients 6 years of age and older.¹

2. Coverage Criteria^a:

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

1. Diagnosis of hereditary angioedema (HAE)

-AND-

2. For prophylaxis against HAE attacks

-AND-

3. Not used in combination with other products indicated for prophylaxis against HAE attacks (e.g., Cinryze, Takhzyro, Orladeyo)

Authorization of therapy will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Programs:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Haegarda [package insert]. Kankakee, IL: CSL Behring LLC.; January 2022.

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Change Control	
8/2017	New program.
7/2018	Annual review. No changes to the coverage criteria. Updated references.
7/2019	Annual review. No changes to the program.
7/2020	Annual review. No changes to coverage criteria. Updated background.
7/2021	Annual review. Updated combination use criteria to include all prophylaxis agents. Updated references and background.
7/2022	Annual review with no changes to coverage criteria. Added state mandate footnote. Updated reference.
7/2023	Annual review. Revised wording of criteria without change to clinical intent.
3/2024	Annual review. No changes to coverage criteria.
3/2025	Annual review. No changes to coverage criteria.