EVH Clinical Guideline 5006.CC for Hereditary Angioedema Prophylaxis Products

Guideline Number: EVH_CG_5006.CC	**Applicable Codes**	
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Original Date: March 2022	**Last Revised Date:** October 2025	**Implementation Date:** December 2025

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STATEMENT

General Information

- *It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Medical Policy Committee.*
- *If the established criteria are not met, the request is referred to a Medical Director for review, if required for the plan and level of request.*

Purpose

The purpose of this guideline to define the prior authorization process for the following hereditary angioedema (HAE) prophylaxis drug(s):

- the C1 Inhibitor [human] products: Cinryze and Haegarda
- the plasma kallikrein inhibitor Takhzyro
- the activated Factor XII (FXIIa) inhibitor Andembry

Scope

This guideline applies to all practitioners who are involved in providing the requested drug. This guideline is specific to the Health Plan's medical benefit.

INITIAL REVIEW CRITERIA

The request must meet all of the criteria listed below:

- Must be prescribed by or under the direction of a HAE specialist
- Must meet the following age requirements:
  - Cinryze – Must be 6 years of age or older
  - Haegarda – Must be 6 years of age or older
  - Takhzyro – Must be 12 years of age or older
  - Andembry – Must be 12 years of age or older
- Must be prescribed at a dose within the manufacturer's dosing guidelines (based on diagnosis, weight, etc.) listed in the FDA approved labeling
- Must be used as prophylactic therapy for the prevention of HAE attacks
- Must have a diagnosis of HAE confirmed by ALL the following laboratory values on two separate instances (copy of laboratory reports required, must include reference ranges):
  - Low C4 complement level (mg/dL) **AND**

- Normal C1q complement component level (mg/dL) **AND**
  - C1q complement component level is not required for members under the age of 18 OR members whose symptoms began before age 18
- Low C1 esterase inhibitor antigenic level (mg/dL) **OR** Low C1 esterase inhibitor functional level (percent)

- Must be a candidate for HAE prophylaxis therapy, demonstrating at least one of the following (chart documentation of each attack is required):
  - History of frequent HAE attacks defined as two or more HAE attacks per month
  - History of severe HAE attacks defined as one or more abdominal attacks in the past 12 months
  - History of any attack of the respiratory tract which compromised the airway
- For Andembry and Takhzyro requests, must not be taking any other prophylactic HAE product

REAUTHORIZATION CRITERIA

All prior authorization renewals are reviewed on an annual basis to determine the Medical Necessity for continuation of therapy. The request must meet all of the criteria listed below.

- Must have recent chart documentation from the prescriber that the member's condition has improved based upon the prescriber's assessment while on therapy
- Must be prescribed at a dose within the manufacturer's dosing guidelines (based on diagnosis, weight, etc.) listed in the FDA approved labeling

APPROVAL DURATIONS

Initial Authorization	Up to 1 year
Reauthorization	Same as initial

CODING AND STANDARDS

Codes

Code	Brand	Description
J0593	Takhzyro	Injection lanadelumab-flyo, 1mg

Code	Brand	Description
J0598	Cinryze	Injection C1 esterase inhibitor, 10 units
J0599	Haegarda	Injection C1 esterase inhibitor, 10 units
J3590	Andembry	Garadacimab-gxii

Applicable Lines of Business

☐	CHIP (Children's Health Insurance Program)
☐	Commercial
☐	Exchange/Marketplace
☒	Medicaid
☐	Medicare Advantage

BACKGROUND

- C1 Inhibitor [human] intravenous (Cinryze) is indicated for routine prophylaxis against angioedema attacks in adolescent and adult patients with hereditary angioedema (HAE).
- C1 Inhibitor [human] subcutaneous (Haegarda) is indicated for routine prophylaxis against angioedema attacks in adolescents and adult patients with HAE.
- Lanadelumab-flyo (Takhzyro) is indicated for prophylaxis to prevent attacks of HAE in patients 12 years of age and older.
- Garadacimab-gxii (Andembry) is indicated for prophylaxis to prevent attacks of hereditary angioedema (HAE) in adult and pediatric patients aged 12 and older.

Definitions

Hereditary Angioedema (HAE) – a rare disorder characterized by recurrent attacks of swelling that may involve the peripheral extremities, abdomen, genitalia, face, oropharynx, or larynx due to low levels of endogenous or functional C1 inhibitor.

Hereditary Angioedema Specialist – an allergist/immunologist who demonstrates clinical expertise in HAE through research, publication, referrals/consults.

POLICY HISTORY

Date	Summary
October 2025	• Addition of Andembry • Renamed policy Hereditary Angioedema Prophylaxis Products
February 2023	• Updated approval durations to 1 year
March 2022	• Initial review

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Administrative Services Medical Policy Committee

Disclaimer

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