Haegarda® (C1 esterase inhibitor human) and Takhzyro® (lanadelumab-flyo) (Subcutaneous)

Medical Guideline Disclaimer

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I. Length of Authorization
   Initial Coverage will be provided for 6 months and may be renewed.

II. Dosing Limits
   Takhzyro:
   • 300 mg per 14 days
   Haegarda
   • 5,600 billable units per 28 days

III. Initial Approval Criteria
   Prophylaxis against angioedema attacks of Hereditary Angioedema (HAE):
   • Must be prescribed by, or in consultation with a specialist in: allergy, immunology, hematology, pulmonology, or medical genetics; AND
   • The patient has HAE type I or type II as confirmed by the following diagnostic criteria
     o Patient has low levels of functional C1-INH protein (< 50% of normal) at baseline, as defined by the laboratory reference values; AND
     o Patient has lower than normal serum C4 levels at baseline, as defined by the laboratory reference values; AND
   • Patient must be at least 12 years of age (≥12 years for Takhzyro and Haegarda); AND
• Patient has a history of one of the following criteria for long-term HAE prophylaxis:
  o History of two (2) or more severe HAE attacks (i.e. airway swelling, debilitating cutaneous or gastrointestinal episodes) per month; OR
  o Patient is disabled more than 5 days per month by HAE; OR
  o History of at least one laryngeal attack caused by HAE; AND
• Patient has a documented contraindication, severe intolerance, or therapeutic failure to 17 alpha-alkylated androgens (e.g. danazol) for HAE prophylaxis; AND
• Member has tried and failed treatment with acute therapy (i.e., Kalbitor, Firazyr, Ruconest, or Bevinert) and it did not result in meaningful outcomes, such as decreased severity of attacks, avoidance of hospitalization, etc; AND
• Medications known to cause angioedema (i.e. ACE-Inhibitors, estrogens, angiotensin II receptor blockers) have been evaluated and discontinued when appropriate, regardless of HAE type.

IV. Renewal Criteria
• Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: severe hypersensitivity reactions, serious thrombotic events, laryngeal attacks, etc.
• Significant improvement in severity, duration, and/or frequency of attacks have been achieved and sustained
• Documentation including frequency of administration will also be required at time of recertification to monitor for appropriate use.

*For Takhzyro
• If 0 attacks have occurred during the prior 6 months while on the medication, a trial with an extended dosing interval of 300mg every four weeks will be required based on package labeling which states that a dose of 300 mg every four weeks is also effective.
• If documentation is provided that the patient is not attack free (has experienced at least 1 attack), but has had a decrease in severity, duration, and/or frequency of attacks while on the medication compared to baseline, a dosing frequency of 300mg every 2 weeks can be continued.
• If documentation is provided that the patient has not experienced a decrease in severity, duration, and/or frequency of attacks while on the medication compared to baseline (no benefit from the medication), further treatment will not be authorized.

V. Dosage/Administration

<table>
<thead>
<tr>
<th>Drug</th>
<th>Indication</th>
<th>Dose</th>
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<tbody>
<tr>
<td>Takhzyro</td>
<td>Hereditary Angioedema (HAE) prophylaxis</td>
<td>Adults/adolescents ≥12 years old&lt;br&gt;Initial: 300 mg subQ every 2 weeks; consider dosing once every 4 weeks when patient is attack free for greater than 6 months</td>
</tr>
<tr>
<td>Haegarda</td>
<td>Hereditary Angioedema (HAE) prophylaxis</td>
<td>Adults/adolescents&lt;br&gt;60 International Units (IU)/kg SC injection every 3 or 4 days</td>
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</tbody>
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Limitations/Exclusions
• Takhzyro and Haegarda (C1 Esterase Inhibitor Human) are not considered medically necessary for indications other than those listed above due to insufficient evidence of therapeutic value.
• Takhzyro and Haegarda must be used as a prophylaxis – not for acute treatment of HAE
Applicable Procedure Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>J0599</td>
<td>Injection, c-1 esterase inhibitor (human), (Haegarda), 10 units</td>
</tr>
<tr>
<td>J0593</td>
<td>Injection, lanadelumab-flyo, (Takhzyro), 1 mg, effective 10/01/19.</td>
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Applicable NDCs

<table>
<thead>
<tr>
<th>NDC</th>
<th>Description</th>
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<tbody>
<tr>
<td>47783-0644-01</td>
<td>Takhzyro solution single-dose vial 150 MG/1 ML</td>
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<tr>
<td>63833-0829-02</td>
<td>Haegarda powder for solution 3000 IU</td>
</tr>
<tr>
<td>63833-0828-02</td>
<td>Haegarda powder for solution 2000 IU</td>
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Applicable Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>ICD-10 Description</th>
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<tr>
<td>D84.1</td>
<td>Defects in the complement system</td>
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Revision History

<table>
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<tr>
<th>Date</th>
<th>Description</th>
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<tr>
<td>09/17/19</td>
<td>Updated title to reflect brand and generic names and added age criteria for Haegarda.</td>
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<tr>
<td>09/17/19</td>
<td>Added J0593, for Takhzyro, effective 10/01/19</td>
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VI. References

Haegarda® (C1 esterase inhibitor human) and Takhzyro® (lanadelumab-flyo)
(Subcutaneous)
Last review: September 17, 2019
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