

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2026 P 1225-10
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, 3/2026
Effective Date	6/1/2026

**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.

**2. Coverage Criteria<sup>a</sup>:**

**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., Andembry, Cinryze, Dawnzera, Orladeyo, Takhzyro)

**Authorization will be issued for 12 months.**

<sup>a</sup> 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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<b>Change Control</b>	
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.
3/2026	Annual review. No changes to coverage criteria. Updated examples of HAE preventive agents.