

## Hereditary Angioedema prophylaxis: Cinryze (C1 esterase inhibitor [human]), Haegarda (C1 esterase inhibitor [human]), Orladeyo (Berotralstat), and Takhzyro (lanadelumab-flyo)

### Products for prophylaxis against attacks of hereditary angioedema (HAE):

- **Cinryze** (C1 esterase inhibitor [human]) \*\*Cinryze requires trial and failure of or a contraindication to Takhzyro.\*\*
- **Orladeyo** (berotralstat) \*\*Orladeyo requires trial and failure of or a contraindication to Takhzyro\*\*
- **Haegarda** (C1 esterase inhibitor [human])
- **Takhzyro** (lanadelumab-flyo)

### Coverage Criteria:

1. Prescribed by a specialist such as hematologist, allergist or immunologist; and,
2. Diagnosis of HAE with laboratory confirmation including one of the following (Submission of lab documentation confirming the diagnosis is required);
  - a. Type I defined as serum C4 < 14 mg/dL and C1 inhibitor (C1INH) < 19.9 mg/dL; or,
  - b. Type II defined as a functional C1INH < 72%; or,
  - c. A known HAE causing C1INH mutation; and,
3. Use is to prevent future attacks when there is a history of at least 2 attacks per month, with at least one symptom of a moderate or severe attack including one of the following:
  - a. Airway swelling; or,
  - b. Nausea and vomiting or severe abdominal pain; or,
  - c. Facial swelling or painful distortion of the face; and,
4. Patient has tried and failed or has a contraindication to androgen therapy (danazol) for HAE prophylaxis; and,
5. Patient is not prescribed more than one therapy (Cinryze, Haegarda, Takhzyro, Orladeyo) for prophylaxis; and,
6. Patients prescribed Cinryze or Orladeyo have tried and failed or have a contraindication to the use of Takhzyro; and,
7. A hereditary angioedema management plan must be in place and provided to HealthPartners and use of this therapy is in accordance with that plan; and,
8. Prescribed within FDA approved dosing regimen (including appropriate age). For weight-based regimens, a recent weight (within the past 30 days) must be documented in the medical record and provided.

### Renewal Criteria:

1. Medical chart documentation of the number and severity of the HAE attacks occurring in the previous 6 months; and,
2. Patient has experienced a reduction in the number of HAE attacks; and,
3. For patients prescribed Takhzyro, if the patient has been attack-free for 6 months that the dosing frequency has been changed to one injection per month.

### Coverage Duration:

Initial authorization will be provided for 6 months

Reauthorization will be provided for 6 months

**Other Criteria:**

Cinryze: limited to an initial maximum dose of 1,000 units every 3 to 4 days. Patients requiring doses exceeding this limit will require a trial with another alternate (in addition to Takhzyro) for HAE prophylaxis therapy and allowed up to a maximum of 25,000 units per 30 days if approved.

Haegarda: maximum of 60,000 units per 30 days.

Takhzyro:

- For patients 2 years to 6 years of age: maximum of one 150mg dose per 28 days.
- For patients 6 years to 12 years of age: maximum of two 150 mg doses per 28 days for initial 6 months.
- For patients 12 years or older: maximum of two 300 mg doses per 28 days for initial 6 months.

Orladeyo: maximum of one capsule per day.