# Hereditary Angioedema (HAE) Prior Authorization Checklist

This prior authorization checklist and common requirements document was created based on top payer policies and should not be considered specific to one particular plan.

## Laboratory Work

For initial authorization, you may be requested to provide current labs of the following, if available:

- C4 level
- C1-INH antigenic level
- C1-INH functional level/percentage
- Genetic test confirming known C1-INH mutation
- C1q level (optional)

For previously treated patients, and upon reauthorization of existing patients, you may be requested to provide BOTH current AND pre-treatment labs of the tests listed above.

## Patient Medical History

- History of HAE attacks
  - Duration
  - Severity
  - Frequency (often requested for prophylaxis)
  - Predictability (or lack thereof)
  - Stressors, if known

- Location
  - Abdomen
  - Extremities
  - Face
  - Larynx/Throat
  - Other

- Concurrent medications
  - If patient is on more than one acute HAE medication, please provide rationale
  - Medications known to precipitate attack (eg, ACE-I, ARB, estrogens) have been evaluated and discontinued when appropriate

- For patients starting on prophylactic therapy, document previous failure, intolerance, or contraindication to other medications. For example
  - Androgens
  - Antifibrinolytics
  - Other

## Demographic Background

- Family history of Hereditary Angioedema, if any

## Supplemental Documentation

- Letter of Medical Necessity
- Peer-reviewed articles supporting diagnosis/treatment
Common Prior Authorization Requirements for HAE:

- History & physical, including weight (for weight-based medications)
- Dosage
- Frequency of administration (for prophylaxis)
- Diagnosis of Hereditary Angioedema (ICD-10-CM)
  - D84.1: Defects in the complement system, C1-esterase inhibitor (C1-INH) deficiency
- History of HAE attacks, including duration, severity, predictability, and location
- Genetic testing confirming known C1-INH mutation (if available)
- Laboratory tests (for previously treated patients, provide pre-treatment levels if available)
- C4 Level
  - Below the lower limit of normal defined by lab performing test, or < 14 mg/dL
- C1-INH antigenic level
  - Below the lower limit of normal defined by lab performing test, or < 19 mg/dL
- C1-INH functional level/percentage
  - Below the lower limit of normal defined by lab performing test, or < 50%
- Family history (if available)

Acute Treatment: Include statement of rationale for acute therapy and dosage. If other acute medications are being used, provide rationale for more than one acute therapy and intended use of each type of therapy.

Prophylactic Treatment: Include statement of rationale for use of prophylactic therapy, taking into account the angioedema attack frequency, attack severity, comorbid conditions, access to emergency treatment, patient job/career, and patient experience/preference.

- Provide dosage and frequency of administration
- Indicate your plan to discontinue any current prophylactic treatment
- If acute therapies will also be part of the patient’s treatment plan, provide intended use of each therapy

For plan specific questions, please contact CSL Behring’s HAE Resource Hotlines:

1-844-HAEGARDA (1-844-423-4273)
1-877-236-4423