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5.85.026

Section:	Prescription Drugs	**Effective Date:**	January 9, 2026
Subsection:	Hematological Agents	**Original Policy Date:**	July 14, 2017
Subject:	Haegarda	**Page:**	1 of 5

Last Review Date: June 12, 2025

Haegarda

Description

Haegarda (C1 esterase inhibitor [human])

Background
Haegarda is a C1-esterase inhibitor used for the routine prophylaxis against angioedema attacks in patients with hereditary angioedema (HAE). HAE is caused by having insufficient amounts of a plasma protein called C1-esterase inhibitor. People with HAE can develop rapid swelling of the hands, feet, limbs, face, intestinal tract, or airway. These acute attacks of swelling can occur spontaneously, or can be triggered by stress, surgery, or infection. Swelling of the airway is potentially fatal without immediate treatment. Haegarda is intended to restore the level of functional C1-esterase inhibitor in a patient's plasma, thereby preventing the acute attack of swelling (1-4).

Regulatory Status
FDA-approved indication: 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).

Hypersensitivity reactions may occur. Epinephrine should be immediately available to treat any acute severe hypersensitivity reactions following discontinuation of administration (2).

Thrombotic events may occur with Haegarda treatment. Monitor closely patients with known risk factors for thrombotic events (2).

Related policies

Berinert, Cinryze, Icatibant, Kalbitor, Orladeyo, Ruconest, Takhzyro

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Haegarda may be considered **medically necessary** if the conditions indicated below are met.

Haegarda may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 6 years of age or older

Diagnosis

Patient must have the following:

1. Hereditary Angioedema (HAE) with **ONE** of the following:
    a. Patient has a C1 inhibitor deficiency or dysfunction as confirmed by laboratory testing **AND ALL** of the following:
        i. C4 level below the lower limit of normal as defined by the laboratory performing the test
        ii. C1 inhibitor (C1-INH) antigenic level below the lower limit of normal as defined by the laboratory performing the test **OR** normal C1-INH antigenic level and a low C1-INH functional level (functional C1-INH less than 50% or C1-INH functional level below the lower limit of normal as defined by the laboratory performing the test)
    b. Patient has normal C1 inhibitor as confirmed by laboratory testing **AND ONE** of the following:
        i. F12, angiopoietin-1, plasminogen, or kininogen-1 (KNG1) gene mutation as confirmed by genetic testing
        ii. Documented family history of angioedema and the angioedema was refractory to a trial of high-dose antihistamine (e.g., cetirizine) for at least one month

AND ALL of the following:

1. Used for the routine prevention of hereditary angioedema attacks
2. **NO** dual therapy with other agents for the prevention of hereditary angioedema attacks (e.g., Cinryze, Orladeyo, Takhzyro)

Prior – Approval *Renewal* Requirements

Age 6 years of age and older

Diagnosis

Patient must have **ALL** of the following:

1. Hereditary Angioedema (HAE)
    a. Routine prevention of hereditary angioedema attacks
    b. Patient has experienced a significant reduction in frequency of hereditary angioedema attacks since starting treatment
    c. **NO** dual therapy with other agents for the prevention of hereditary angioedema attacks (e.g., Cinryze, Orladeyo, Takhzyro)

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Haegarda is a C1-esterase inhibitor indicated for routine prophylaxis against angioedema attacks in patients 6 years of age and older with Hereditary Angioedema (HAE). HAE symptoms include episodes of edema (swelling) in various body parts including the hands, feet, face, and airway. HAE is caused by mutations to C1-esterase-inhibitor (C1-INH). The safety and efficacy

of Haegarda in children less than 6 years of age has not been established. Persons who experience frequent and/or severe episodes may be candidates for prophylactic treatment (1-4).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Haegarda while maintaining optimal therapeutic outcomes.

References

1. Zuraw BL. Clinical practice. Hereditary angioedema. N Engl J Med. Sep 4 2008;359(10):1027-36.2.
2. Haegarda. [package insert]. Kankakee, IL; CSL Behring LLC; January 2022.
3. Zuraw BL, Banerji A, Bernstein JA, et al. US Hereditary Angioedema Association Medical Advisory Board 2013 recommendations for the management of hereditary angioedema due to C1 inhibitor deficiency. J Allergy Clin Immunol: In Practice. 2013; 1(5): 458-467.
4. Wintenberger C, Boccon-Gibod I, Launay D, et al. Tranexamic acid as maintenance treatment for non-histaminergic angioedema: analysis of efficacy and safety in 37 patients. Clin Exp Immunol 2014; 178:112.

Policy History

Date	Action
July 2017	Addition to PA
September 2017	Annual review
December 2017	Annual editorial review and reference update Addition of inadequate treatment response, intolerance, or contraindication to a danazol or tranexamic acid per SME
March 2018	Annual review
September 2018	Changed wording of no dual therapy requirement
November 2018	Annual editorial review and reference update. Removal of requirement to try and fail tranexamic acid and reworded danazol or androgen trial requirement per SME
September 2019	Annual review
September 2020	Annual review and reference update
December 2020	Age requirement reduced from 12 and older to 6 and older
March 2021	Annual editorial review
April 2021	Added initiation requirements including C1 inhibitor testing, C4 testing, C1-INH testing, gene mutation testing, or documented family history of refractory angioedema and continuation requirement for significant reduction in frequency of HAE attacks since starting therapy per FEP
June 2021	Annual review

June 2022	Annual review and reference update
June 2023	Annual review. Changed policy number to 5.85.026
December 2023	Annual review
June 2024	Annual review
December 2024	Annual review
June 2025	Annual review
January 2026	Per SME, removed initiation requirement to t/f a short term course of an androgen

Keywords

This policy was effective with interim approval on January 9, 2026 and will be reviewed by the FEP® Pharmacy and Medical Policy Committee on March 6, 2026.