CSL Behring

# Hereditary Angioedema (HAE) Prior Authorization Submission Checklist

*Please note: Information provided is based upon top payer policies and should not be considered specific to one particular plan. Criteria listed are those that major payers most often require and are not intended to be a guide for diagnosing patients. Refer to payer plan for specific authorization requirements.*

## Documentation Required

- ❒ Prior authorization form
- ❒ Laboratory work
- ❒ Patient medical history
- ❒ Demographic background
- ❒ Treatment plan

## Prior Authorization Form

- ❒ Specific form to be provided by insurer. For assistance, please reach out to your FRM or CSL Patient Services at 1-844-423-4273 between 8 AM and 8 PM, Eastern time

## Best Practices Additional Information

- ❒ Statement of Medical Necessity
- ❒ Hospitalizations/ER visits for HAE
- ❒ HAE attack logs
- ❒ Historic HAE-related labs
- ❒ Payer Policy review
- ❒ Supplemental information
- ❒ Peer-reviewed articles and guidelines supporting diagnosis
- ❒ Prescribing information and FDA approval letter

## Laboratory Work

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

- ❒ **C4 level:** Below the lower limit of normal defined by lab performing test
- ❒ **C1-INH antigenic level:** Below the lower limit of normal defined by lab performing test
- ❒ **C1-INH functional level/percentage:** Below the lower limit of normal defined by lab performing test
- ❒ Genetic test confirming known C1-INH mutation *(if available)*

**For reauthorization of existing patients, you may be requested to provide BOTH current AND pretreatment labs of the tests listed above.**

## Patient Medical History

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

- ❒ **History of HAE attacks**
  - ○ Duration
  - ○ Severity
  - ○ Frequency
  - ○ Predictability
  - ○ Sequelae of attacks
- ❒ **Diagnosis of HAE (ICD-10-CM)**
  - ○ D84.1: Defects in the complement system
  - ○ C1-esterase inhibitor deficiency
- ❒ **Location**
  - ○ Abdomen
  - ○ Extremities
  - ○ Face
  - ○ Larynx/Throat
  - ○ Other
- ❒ **Therapy history:** previous failure, intolerance, or contraindication to other medications
  - ○ Androgens
  - ○ Antifibrinolytics
  - ○ High dose of antihistamines
  - ○ HAE on-demand medication(s)
  - ○ HAE prophylactic medication(s)
  - ○ Other
- ❒ **Concurrent medications**
  - ○ If patient is on more than one acute HAE medication, provide rationale
  - ○ Medications known to precipitate attack (eg, ACE-I, ARB, estrogens) have been evaluated
  - ○ High-dose antihistamines
  - ○ Other

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# HAE Prior Authorization Submission Checklist (cont'd)

## Patient Background

- ❒ Patient name, DOB, and insurance information
- ❒ Weight
- ❒ Pregnancy status (if applicable)
- ❒ Family history of HAE

## Continued Treatment/Reauthorization

**Continued or renewal of prophylactic therapy may require documentation of any or all of the following:**

- ❒ Achieve and maintain at least a 50% reduction in the number of HAE attacks
- ❒ Achieve and maintain at least a 30% reduction in duration of HAE attacks
- ❒ Achieve and maintain at least a 60% reduction in days of swelling

## Treatment Plan

**Prophylactic therapy:** Include statement of rationale for use of prophylactic therapy, taking into account the angioedema attack frequency, 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 therapy

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

- ❒ Provide dosage and frequency of administration per month

## For questions, please contact CSL Behring's HAE Resource Hotlines:

ANDEMBRY Connect℠
1-844-423-4273

BERINERT Connect℠
1-877-236-4423

HAEGARDA Connect℠
1-844-HAEGARDA
(1-844-423-4273)



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