



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	January 18, 2019 April 12, 2019, October 30, 2020

## **HAEGARDA® (human C1 esterase inhibitor)**

**LENGTH OF AUTHORIZATION:** UP TO ONE YEAR

**REVIEW CRITERIA:**

- Must be  $\geq 6$  years of age.
- Must have a diagnosis of hereditary angioedema.
- Treatment for prophylaxis use against angioedema attacks.

**DOSING AND ADMINISTRATION:**

- 60 IU/kg subcutaneously twice weekly (every 3 to 4 days).