

Prophylactic Treatment for Hereditary Angioedema (Andembry, Cinryze, Danazol, Dawnzera, Haegarda, Orladeyo, Takhzyro)

Member and Medication Information	
<small>* indicates required field</small>	
*Member ID:	*Member Name:
*DOB:	*Weight:
*Medication Name/ Strength:	
<input type="checkbox"/> Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless specified.	
*Directions for use:	
Provider Information	
<small>* indicates required field</small>	
*Requesting Provider Name:	*Requesting Prescriber NPI:
Address:	
*Contact Person:	*Office Phone:
*Office Fax:	*Office Email:
Medically Billed Information	
<small>* indicates required field for all medically billed products</small>	
*Diagnosis Code:	*HCPCS Code:
*Dosing Frequency:	*HCPCS Units per Dose:
Servicing Provider Name:	NPI:
Servicing Provider Address:	
Facility/Clinic Name:	NPI:
Facility/Clinic Address:	
Fax form and relevant documentation including: laboratory results, chart notes and/or updated provider letter to Pharmacy PA at 855-828-4992 , to prevent processing delays.	

Criteria for Approval: (All of the following criteria must be met):

- Does the patient have a diagnosis of Hereditary Angioedema (HAE) type I, type II, or type HAE-nl-C1INH?
☐ Yes ☐ No
- Is the medication being prescribed by a board certified immunologist or allergist?
☐ Yes ☐ No
- Is this medication being used for the prophylaxis of angioedema attacks?
☐ Yes ☐ No
- Does the provider attest that the patient has experienced attacks of a severity and/or frequency that the patient would clinically benefit from prophylaxis therapy?
☐ Yes ☐ No
- Is this medication being used concurrently with a medication for the acute treatment of angioedema attacks?
☐ Yes ☐ No
Medication: _____
- Has the provider educated the patients on avoiding HAE triggers?
☐ Yes ☐ No
- Does the prescriber attest that two HAE prophylaxis will not be used concurrently?
☐ Yes ☐ No
- Is the patient **NOT** currently on ACE inhibitors or estrogen-containing oral medications, and **WILL NOT** take them concurrently with the requested drug?
☐ Yes ☐ No

UTAH MEDICAID PHARMACY PRIOR AUTHORIZATION REQUEST FORM

Additional Criteria: *(Select applicable information)*

- | | |
|---|--|
| 9. For Cinryze, is the patient at least 6 years of age or older? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. For Haegarda, is the patient at least 6 years of age or older? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. For Orladeyo, is the patient at least 12 years of age or older? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. For Takhzyro, is the patient at least 2 years of age or older? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. For Danazol, is the patient at least 16 years of age or older? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Does the provider attest that the patient of child-bearing potential has a negative pregnancy test result prior to medication initiation, and that the patient has been educated to use a non-hormonal method of contraception during therapy? | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. For Andembry, is the patient at least 12 years of age or older? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. For Dawnzera, is the patient at least 12 years of age or older? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Reauthorization Criteria:

1. Has the patient had an improvement in the severity or duration of attacks as documented in the chart note?
- ☐ Yes ☐ No

Initial Authorization: Up to six (6) months

Reauthorization: Up to one (1) year

Note:

- ❖ Danazol black box warnings:
 - Pregnancy is contraindicated. Determining early pregnancy is recommended immediately prior to start of therapy. A non-hormonal method of contraception should be used during therapy.
 - Thromboembolism, thrombotic and thrombophlebitic events including sagittal sinuses thrombosis and life-threatening or fatal strokes have been reported.
 - Peliosis hepatitis and benign hepatic adenoma have been observed with long-term use.
 - Danazol has been associated with several cases of benign intracranial hypertension or pseudotumor cerebri. Patients with symptoms of these conditions should be advised to discontinue danazol immediately and be referred to a neurologist for further diagnosis and care.
- ❖ Use appropriate HCPCS code for billing:
Coverage and Reimbursement code lookup: <https://health.utah.gov/stplan/lookup/CoverageLookup.php>
HCPCS NDC Crosswalk: <https://health.utah.gov/stplan/lookup/FeeScheduleDownload.php>

PROVIDER CERTIFICATION

I hereby certify this treatment is indicated, necessary and meets the guidelines for use.

Prescriber's Signature

Date