



Missouri Pharmacy Program – Preferred Drug List



Hereditary Angioedema Treatment Agents

Effective 04/04/2019

Preferred Agents for Prophylaxis

- Haegarda®
- Takhzyro™

Non-Preferred Agents for Prophylaxis

- Cinryze®

Preferred Agents for Treating Acute Attack

- Berinert®
- Firazyr®

Non-Preferred Agents for Treating Acute Attack

- Kalbitor®
- Ruconest®

Approval Criteria

- For Prophylaxis of Hereditary Angioedema
 - Failure to achieve desired therapeutic outcomes with trial on 2 preferred agents
 - Documented ADE/ADR to preferred agents
- For Acute Attacks of Hereditary Angioedema
 - Failure to achieve desired therapeutic outcomes with trial on 2 preferred agents
 - Documented ADE/ADR to preferred agents

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030