

ALASKA MEDICAID
Prior Authorization Criteria

**Andembry
(garadacimab-gxii)**

FDA INDICATIONS AND USAGE¹

Andembry is an activated Factor XII (FXIIa) inhibitor (monoclonal antibody) indicated for prophylaxis to prevent attacks of hereditary angioedema (HAE) in adult and pediatric patients aged 12 years and older.

APPROVAL CRITERIA^{1,2,3}

- Patient meets FDA labeled age **AND**;
- Prescribed by or in consultation with an allergist or immunologist **AND**;
- Patient has the diagnosis of hereditary angioedema due to C1-esterase inhibitor deficiency (HAE-C1-INH) [type 1 or type 2] **AND**;
- Andembry will be used for HAE prophylaxis **AND**;
- Andembry will not be used in combination with another agent indicated for HAE prophylaxis **AND**;
- Patient has a documented history of 3 or more moderate to severe HAE attacks per month **AND**;
- Medications with an established link to angioedema (e.g. angiotensin converting enzyme inhibitors, estrogen replacement therapy, etc.) have been evaluated and discontinued where appropriate. **AND**;
- Patient has tried and failed or has a documented clinical contraindication to at least one preferred agent approved for HAE prophylaxis from one of the following classes
 - a. C1 Esterase Inhibitor
 - b. Plasma kallikrein inhibitor

DENIAL CRITERIA¹

1. Failure to meet approval criteria **OR**;
2. Andembry prescribed to be used in combination with another agent indicated for HAE prophylaxis

CAUTIONS¹

- The safety of Andembry in pregnancy or breastfeeding has not been determined.
- The most common adverse reactions include nasopharyngitis and abdominal pain.

DURATION OF APPROVAL

- Initial Approval: up to 3 months
- Reauthorization Approval: up to one year

QUANTITY LIMIT

- Initial loading dose of 400mg (two 200mg autoinjectors/syringes) on day 1 of treatment, followed by 200mg (1 autoinjector/syringe) once monthly

ALASKA MEDICAID
Prior Authorization Criteria

REFERENCES / FOOTNOTES:

1. Andembry (garadacimab-gxii) [prescribing information]. King of Prussia, PA: CSL Behring; June 2025
2. Maurer M, Magerl M, Betschel S, et al. The international WAO/EAACI guideline for the management of hereditary angioedema – the 2021 revision and update. *Allergy*. 2022;77(7):1961-1990.
3. Craig TJ, Reshef A, Li HH, et al. Efficacy and safety of garadacimab, a factor XIIa inhibitor for hereditary angioedema prevention (VANGUARD): a global, multicentre, randomised, double-blind, placebo-controlled phase 3 trial. *Lancet*. 2023;401(10382):1079-1090.