BlueCross BlueShield
Federal Employee Program
Blue Cross Blue Shield Association
750 9th St NW, Suite 900
Washington, D.C. 20001
1-800-624-5060
Fax 1-877-378-4727

5.85.072

Section:	Prescription Drugs	**Effective Date:**	April 1, 2026
Subsection:	Hematological Agents	**Original Policy Date:**	September 19, 2025
Subject:	Dawnzera	**Page:**	1 of 4

Last Review Date: March 6, 2026

Dawnzera

Description

Dawnzera (donidalorsen)

Background
Dawnzera (donidalorsen) is an ASO-GalNAc conjugate that causes ribonuclease H1 (RNase H1)-mediated degradation of PKK mRNA through binding to PKK mRNA, which results in reduced production of PKK protein. PKK is a pro-enzyme for plasma kallikrein, which results in the release of bradykinin, a potent vasodilator causing swelling and pain in hereditary angioedema (HAE). In patients with HAE, C1-inhibitor (C1-INH) deficiency or dysfunction leads to excessive plasma kallikrein activity, bradykinin generation, and angioedema attacks. Dawnzera lowers PKK concentration, preventing excessive bradykinin production in patients with HAE (1).

Regulatory Status
FDA-approved indication: Dawnzera is a prekallikrein-directed antisense oligonucleotide indicated for prophylaxis to prevent attacks of hereditary angioedema (HAE) in adult and pediatric patients 12 years of age and older (1).

The safety and effectiveness of Dawnzera in pediatric patients less than 12 years of age have not been established (1).

Related policies
Andembry, Berinert, Cinryze, Ekterly, Haegarda, Icatibant, Kalbitor, Orladeyo, Ruconest, Takhzyro

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Dawnzera may be considered **medically necessary** if the conditions indicated below are met.

Dawnzera may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 12 years of age and older

Diagnosis

Patient must have the following:

1. Hereditary Angioedema (HAE) with **ONE** of the following:
    a. Patient has a C1 inhibitor deficiency or dysfunction as confirmed by laboratory testing **AND ALL** of the following:
        i. C4 level below the lower limit of normal as defined by the laboratory performing the test
        ii. C1 inhibitor (C1-INH) antigenic level below the lower limit of normal as defined by the laboratory performing the test **OR** normal C1-INH antigenic level and a low C1-INH functional level (functional C1-INH less than 50% or C1-INH functional level below the lower limit of normal as defined by the laboratory performing the test)
    b. Patient has normal C1 inhibitor as confirmed by laboratory testing **AND ONE** of the following:
        i. F12, angiopoietin-1, plasminogen, or kininogen-1 (KNG1) gene mutation as confirmed by genetic testing
        ii. Documented family history of angioedema and the angioedema was refractory to a trial of high-dose antihistamine (e.g., cetirizine) for at least one month

AND ALL of the following:

1. Used for the routine prevention of hereditary angioedema attacks
2. **NO** dual therapy with other agents for the prevention of hereditary angioedema attacks (e.g., Cinryze, Haegarda, Orladeyo, Takhzyro)

Prior – Approval *Renewal* Requirements

Age 12 years of age and older

Diagnosis

Patient must have the following:

Hereditary Angioedema (HAE)

AND ALL of the following:

1. Used for the routine prevention of hereditary angioedema attacks
2. Patient has experienced a significant reduction in frequency of hereditary angioedema attacks since starting treatment
3. **NO** dual therapy with other agents for the prevention of hereditary angioedema attacks (e.g., Cinryze, Haegarda, Orladeyo, Takhzyro)

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity 3 autoinjectors per 84 days

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Dawnzera (donidalorsen) is a prekallikrein-directed antisense oligonucleotide indicated for prophylaxis to prevent attacks of HAE. The safety and effectiveness of Dawnzera in pediatric patients less than 12 years of age have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Dawnzera while maintaining optimal therapeutic outcomes.

References

1. Dawnzera [package insert]. Carlsbad, CA: Ionis Pharmaceuticals, Inc.; August 2025.

Policy History

Date	Action
September 2025	Addition to PA
December 2025	Annual review. Per SME, removed initiation requirement to t/f a short term course of an androgen
March 2026	Annual review

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 6, 2026 and is effective on April 1, 2026.