

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2021 P 1351-1
Program	Prior Authorization/Notification
Medication	Orladeyo (berotralstat)
P&T Approval Date	3/2021
Effective Date	6/1/2021; Oxford only: N/A

1. Background:

Orladeyo is a plasma kallikrein inhibitor indicated for prophylaxis to prevent attacks of hereditary angioedema (HAE) in adults and pediatric patients 12 years and older. Orladeyo should not be used for the treatment of acute HAE attacks.¹

2. Coverage Criteria:

<p>A. Orladeyo will be approved based on all of the following criteria:</p> <ol style="list-style-type: none"> 1. Diagnosis of hereditary angioedema (HAE) <p style="text-align: center;">-AND-</p> <ol style="list-style-type: none"> 2. Both of the following: <ol style="list-style-type: none"> a. For prophylaxis against HAE attacks <p style="text-align: center;">-AND-</p> <ol style="list-style-type: none"> b. Not used in combination with other products approved for prophylaxis against HAE attacks (e.g., Cinryze, Haegarda, Takhzyro) <p>Authorization will be issued for 12 months.</p>
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3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Orladeyo [package insert]. Durham, NC: BioCryst Pharmaceuticals, Inc.; December 2020.



Program	Prior Authorization/Notification – Orladeyo (berotralstat)
Change Control	
3/2021	New program.