

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	March 20, 2020

KALBITOR® (ecallantide)

LENGTH OF AUTHORIZATION: UP TO ONE YEAR

REVIEW CRITERIA:

- Patient must be 12 years of age or older
- Patient must have a diagnosis of hereditary angioedema
- Trial and failure of preferred agent
- Treatment for acute attacks of hereditary angioedema.
- Must be administered by a health care professional.

DOSING AND ADMINISTRATION:

Recommended dose is 30mg (3ml) administered subcutaneously in three 10mg (1ml) injections. If the attack persists, an additional 30mg dose may be administered within a 24 hour period.