

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	April 2, 2021

ORLADEYO™ (berotralstat)

LENGTH OF AUTHORIZATION: Up to one year

REVIEW CRITERIA:

- Patient must be \geq 12 years of age.
- Patient must have a diagnosis of hereditary angioedema (HAE).
- Treatment for prophylaxis against angioedema attacks.

DOSING AND ADMINISTRATION:

- 150 mg orally once daily with food.
- Available as 110 mg and 150 mg capsules.