



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.