

Orladeyo (berotralstat)

- Orladeyo (berotralstat) oral capsules
- Orladeyo (berotralstat) oral pellets

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

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Summary

Orladeyo (berotralstat) is FDA-approved for prophylaxis to prevent attacks of hereditary angioedema (HAE) in adults and pediatrics 12 years of age and older. HAE is a rare disease that causes swelling, pain and inflammation in various areas of the body including the face, hands, feet, throat, stomach, and bowels. HAE can be caused by a reduced amount or decreased function of C1 esterase inhibitor protein, a regulator of inflammatory pathways.

The recommended dosage for Orladeyo (berotralstat) is 150 mg taken orally once daily. It is available as 150 mg and 110 mg capsules because dosage may need to be adjusted for certain individuals (e.g., with moderate or severe hepatic impairment or persistent gastrointestinal reactions). In those 2 years of age to less than 12 years, the recommended dosage is based on body weight. Orladeyo (berotralstat) oral pellets are also available in packets with dosages including 72 mg (in those 12 kg to less than 24 kg), 96 mg (in those 24 kg to less than 32 kg), 108 mg (in those 32 kg to less than 40 kg) and 132 mg (in those 40 kg or greater). Alternatives for Orladeyo (berotralstat) include products such as Takhzyro (lanadelumab-flyo), Haegarda (C1 inhibitor, concentrate from human plasma), Cinryze (C1 inhibitor, concentrate from human plasma), or Dawnzera (donidalorsen).

Definitions

“C1 inhibitor” refers to an enzyme that functions as a major anti-inflammatory protein in the body. People who have HAE have low levels of C1 inhibitor in their body.

“C4” or “Complement 4” refers to an enzyme that is involved in the inflammatory response. Alterations in C1 inhibitor can result in low levels of C4 in people who have HAE.

“Documentation” refers to written information, including but not limited to:

- Up-to-date chart notes, relevant test results, and/or relevant imaging reports to support diagnoses; or
- Prescription claims records, and/or prescription receipts to support prior trials of formulary alternatives.

“Hereditary angioedema (HAE)” refers to a rare, inherited disease that causes swelling, pain and inflammation in various areas of the body including the face, hands, feet, throat, stomach, and bowels.

“[s]” indicates state mandates may apply.

Clinical Indications

Medical Necessity Criteria for Clinical Review

General Medical Necessity Criteria

The Plan considers Orladeyo (berotralstat) medically necessary when ALL of the following criteria are met:

1. Prescribed by or in consultation with an allergist, hematologist, immunologist, or other specialist experienced in the diagnosis and management of hereditary angioedema (HAE); *AND*
2. The member is 2 years of age or older; *AND*
3. Orladeyo (berotralstat) is being prescribed at a dose and frequency that is within FDA approved labeling; *AND*
 - IF the member is 2 years of age to less than 12 years of age, the dosage is based on body weight as follows:
 - i. 12 kg to less than 24 kg: 72 mg once daily
 - ii. 24 kg to less than 32 kg: 96 mg once daily
 - iii. 32 kg to less than 40 kg: 108 mg once daily
 - iv. 40 kg or greater: 132 mg once daily; or
 - IF the member is 12 years of age or older, the dosage is within the recommended limit of 150 mg (taken orally) once daily.
4. The member meets the applicable [Medical Necessity Criteria for Initial Clinical Review](#) or [Subsequent Clinical Review](#) listed below.

Medical Necessity Criteria for Initial Clinical Review

Initial Indication-Specific Criteria

Prophylaxis to Prevent Attacks of Hereditary Angioedema (HAE)

The Plan considers Orladeyo (berotralstat) medically necessary when ALL of the following criteria are met:

5. The member meets the above [General Medical Necessity Criteria](#); *AND*
6. Is being used for prevention of attacks of hereditary angioedema (HAE), and the HAE is confirmed by ONE (1) of the following:
 - Documented clinically appropriate low levels (as defined by the laboratory reference values) of ALL of the following:
 - i. Low complement C4 (either at baseline or during an attack); *and*
 - ii. Low C1 esterase inhibitor (C1-INH) antigenic protein level (Type 1 HAE) OR functional level (Type 2 HAE); *or*
 - Documented normal or near normal C4, C1-INH antigen, and C1-INH function *AND* ONE (1) of the following:

- i. Demonstration of a mutation (e.g., in the factor XII, plasminogen, angiotensin-converting enzyme, SERPING1, kininogen gene, Myoferlin [MYOF], or Heparan sulfate glucosaminyl 3-O-sulfotransferase 6 [HS3ST5]) associated with HAE; *or*
 - ii. A positive family history of recurrent angioedema or C1-INH deficiency and documented lack of efficacy of high-dose antihistamine therapy (e.g., cetirizine at 40 mg/day or the equivalent); *AND*
7. The member has a documented history of moderate or severe attacks of hereditary angioedema (e.g., airway swelling, severe abdominal pain, facial swelling, nausea and vomiting, painful facial distortion).

If the above prior authorization criteria are met, the requested product will be approved for up to 12-months.^[s]

Continued Care

Medical Necessity Criteria for Subsequent Clinical Review

Subsequent Indication-Specific Criteria

Prophylaxis to Prevent Attacks of Hereditary Angioedema (HAE)

The Plan considers Orladeyo (berotralstat) medically necessary when ALL of the following criteria are met:

1. The member meets the above applicable [General Medical Necessity Criteria](#) and/or [Initial Clinical Review](#); *AND*
2. Chart documentation shows the member has experienced a positive clinical response to therapy as evidenced by ONE (1) of the following compared to baseline (prior to starting prophylaxis therapy):
 - a. The member has experienced a significant reduction in frequency of attacks (e.g., \geq 50%) since starting prophylactic treatment; *or*
 - b. The member has reduced the use of medications to treat acute attacks since starting prophylactic treatment.

If the above reauthorization criteria are met, the requested product will be authorized for up to 12-months.^[s]

Experimental / Investigational, or unproven^[s]

Orladeyo (berotralstat) for any other indication is considered experimental, investigational, or unproven.

References

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Clinical Guideline Revision / History Information

Original Date: 03/11/2021

Reviewed/Revised: 12/01/2021, 03/17/2022, 12/08/2022, 12/14/2023, 12/19/2024, 04/01/2026, 08/03/2026