



**GEORGIA MEDICAID FEE-FOR-SERVICE  
HAE TREATMENTS PA SUMMARY**

Preferred	Non-Preferred
Berinert (C1 esterase inhibitor [human]) Firazyr (icatibant) Haegarda (C1 esterase inhibitor [human]) Icatibant generic Orladeyo (berotralstat)*	Cinryze (C1 esterase inhibitor [human]) Kalbitor (ecallantide)^ Ruconest (C1 esterase inhibitor [recombinant]) Takhzyro (lanadelumab-flyo)

\*preferred but requires PA; ^non-preferred but does not require PA

**LENGTH OF AUTHORIZATION:** 1 year

**NOTES:**

- **The criteria details below are for the outpatient pharmacy program.** If a medication is being administered in a physician’s office or clinic, then the medication must be billed through the DCH physician services program and not the outpatient pharmacy program. Information regarding the physician services program is located at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).
- Orladeyo is preferred but requires prior authorization. Kalbitor is non-preferred but does not require prior authorization.

**PA CRITERIA:**

Orladeyo

- ❖ Approvable for members 12 years of age or older with a diagnosis of hereditary angioedema (HAE) to prevent attacks who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with Haegarda.

Cinryze

- ❖ Approvable for members 6 to 11 years of age with a diagnosis of HAE to prevent attacks who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with Haegarda.
- ❖ Approvable for members 12 years of age or older with a diagnosis of HAE to prevent attacks who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with Haegarda and Orladeyo.
- ❖ Approvable for members 18 years of age or older with a diagnosis of HAE for treatment of acute attacks who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with Berinert and icatibant (Firazyr).

Ruconest

- ❖ Approvable for members 13 years of age or older with a diagnosis of HAE for treatment of acute attacks who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with Berinert and icatibant (Firazyr).



Takhzyro

- ❖ Approvable for members 12 years of age or older with a diagnosis of HAE to prevent attacks who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with Haegarda and Orladeyo.

**EXCEPTIONS:**

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA AND APPEAL PROCESS:**

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.