

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

# Kalbitor (ecallantide)

DRUG.00058

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Kalbitor (ecallantide)

## APPROVAL CRITERIA

Requests for Kalbitor (ecallantide) may be approved for individuals who meet the following criteria:

- I. Individual is 12 years of age or older; **AND**
- II. Individual is using Kalbitor for the treatment of acute attacks of Hereditary Angioedema (HAE), and diagnosis of Hereditary Angioedema (HAE) is confirmed by a C4 level below the lower limit of normal as defined by the laboratory performing the test **AND ONE** of the following (a or b):
  - A. C1 inhibitor (C1-INH) antigenic level below the lower limit of normal as defined by the laboratory performing the test; **OR**
  - B. C1-INH functional level below the lower limit of normal as defined by the laboratory performing the test; **AND**
- III. There is a history of moderate or severe attacks (for example, airway swelling, severe abdominal pain, facial swelling, nausea and vomiting, painful facial distortion); **AND**
- IV. Being used for treatment of acute attacks (as opposed to prophylaxis).

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

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Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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- Zuraw BL, Bernstein JA, Lang DM, et al. American Academy of Allergy, Asthma & Immunology (AAAAI); American College of Allergy, Asthma & Immunology (ACAAI); and the Joint Council of Allergy, Asthma and Immunology. A focused parameter update: hereditary angioedema, acquired C1 inhibitor deficiency, and angiotensin-converting enzyme inhibitor-associated angioedema. J Allerg Clin Immunol. 2013b; 131(6):1491-1493.

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