



**DATE:** March 24, 2026

**TO:** Commonwealth of Kentucky Medicaid Pharmacy Network

**FROM:** MedImpact Healthcare Systems

**Subject: Orladeyo Prior Authorization Criteria**

**Status:** Effective June 1, 2026, the Commonwealth of Kentucky Department for Medicaid Services (DMS) will implement criteria for **Orladeyo (berotralstat)**. The new prior authorization (PA) criteria are defined below: For any members who are new starts, a PA will be required starting June 1, 2026.

Agent(s) Subject to Criteria	Criteria for Approval
Orladeyo	<p><b>Approval Duration: 6 months initial, 1 year renewal</b></p> <p><b>INITIAL APPROVAL CRITERIA</b></p> <ul style="list-style-type: none"> <li>• Diagnosis of hereditary angioedema (HAE); <b>AND</b></li> <li>• Documentation of confirmed diagnosis of HAE by one of the following tests: <ul style="list-style-type: none"> <li>○ Complement testing, <b>OR</b></li> <li>○ C1 Inhibitor protein and functional tests; <b>AND</b></li> </ul> </li> <li>• Prescribed for prophylactic use; <b>AND</b></li> <li>• Prescribed by, or in consultation with, an immunologist, hematologist, or other specialist in the diagnosis and treatment of HAE; <b>AND</b></li> <li>• Patient is not on concurrent treatment with alternative prophylactic agent for HAE (e.g., Andembry, Takhzyro, Haegarda, Cinryze, Dawnzera); <b>AND</b></li> <li>• Patient meets the minimum age recommended by the package insert for this FDA-approved indication.</li> </ul> <p><b>RENEWAL CRITERIA</b></p> <ul style="list-style-type: none"> <li>• Prescriber attestation of improvement compared to baseline in hereditary angioedema attacks (i.e., reductions in attack frequency or attack severity).</li> </ul> <p><b>Age Limit:</b></p> <ul style="list-style-type: none"> <li>• Capsules: ≥ 12 years for capsules</li> <li>• Oral pellets: 2 to 11 years</li> </ul> <p><b>Quantity Limit:</b></p> <ul style="list-style-type: none"> <li>• 110mg, 150mg capsule: 1 per day</li> <li>• 72mg, 96mg, 108mg, 132mg oral pellets: 1 per day</li> </ul>

**KY MCO Contact Information**

Program Questions	KYMCOPBM@MedImpact.com
Pharmacy Help Desk	(800) 210-7628 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (844) 336-2676 [8:00AM - 7:00PM EST/ 7 days per week]; Fax (858) 357-2612
Pharmacy Portal	<a href="https://kyportal.medimpact.com/">https://kyportal.medimpact.com/</a>
BIN: 023880 / PCN: KYPROD1 / GROUP: KYM01	

**KY FFS Contact Information**

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Pharmacy Portal	<a href="https://kyportal.medimpact.com/">https://kyportal.medimpact.com/</a>
BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01	