OKLAHOMA
Health Care Authority

Clay Bullard | Chief Executive Officer **J. Kevin Stitt** | Governor

OHCA 2026-05

April 1, 2026

RE: Product-Based Prior Authorization for Hereditary Angioedema Medications Effective May 1, 2026

Dear Provider,

As authorized by OAC 317:30-5-77.3, effective May 1, 2026, the Oklahoma Health Care Authority (OHCA) will add Hereditary Angioedema (HAE) medications to the Product-Based Prior Authorization (PBPA) program.

The specific PA requirements for these products are listed below and are located on the OHCA prior authorization page in the Cardiovascular therapeutic category. Form PHARM-321 is used for HAE medication PA requests and can be found on the OHCA pharmacy forms page.

Hereditary Angioedema (HAE) Prophylaxis Products			
Tier 1	Tier 2	Tier 3	Special PA
Orladeyo® (berotralstat)	Cinryze® (C1 esterase inhibitor)	Takhzyro® (lanadelumab-flyo)	Andembry® (garadacimab-gxii)
	Haegarda® (C1 esterase inhibitor)		Dawnzera™ (donidalorsen)

Initial Approval Criteria for All HAE Prophylaxis Products

1. An FDA-approved diagnosis of hereditary angioedema (HAE); and
2. Requested medication must be used for prophylaxis of HAE; and
3. Member must not currently be taking an angiotensin converting enzyme (ACE) inhibitor or estrogen replacement therapy; and
4. Based on HAE attack frequency, attack severity, comorbid conditions and member's access to emergent treatment, the prescriber has determined long-term prophylaxis is appropriate for the member; or
5. Approval consideration will be given if the member has a recent hospitalization for a severe episode of angioedema; and
6. Prescriber must verify that the member or caregiver has been trained by a health care professional on proper storage and administration of the prescribed product; and

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WEBSITES
oklahoma.gov/ohca
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Admin: 405-522-7300
Helpline: 800-987-7767

7. For products requiring weight-based dosing, the member's recent weight must be provided on the prior authorization request; and
8. Quantity limits will apply based on FDA-approved dosing.

HAE Prophylaxis Products Tier 2 Approval Criteria

1. Initial approval criteria for all HAE Prophylaxis products must be met; and
2. A patient specific, clinically significant reason why the member cannot use all Tier 1 products must be provided.

HAE Prophylaxis Products Tier 3 Approval Criteria

1. Initial approval criteria for all HAE Prophylaxis products must be met; and
2. A patient specific, clinically significant reason why the member cannot use all Tier 1 and Tier 2 products must be provided.

HAE Prophylaxis Products Special Prior Authorization (PA) Approval Criteria

1. Initial approval criteria for all HAE Prophylaxis products must be met; and
2. A patient specific, clinically significant reason why the member cannot use all other available lower-tiered HAE prophylaxis products must be provided.

Hereditary Angioedema (HAE) Treatment Products		
Tier 1	Tier 2	Special PA
Firazyr® (icatibant)	Berinert® (C1 esterase inhibitor)	Ekterly® (sebetralstat)
	Sajazir™ (icatibant)	Kalbitor® (ecallantide)
		Ruconest® (C1 esterase inhibitor)

Initial Approval Criteria for All HAE Treatment Products

1. An FDA approved diagnosis of hereditary angioedema (HAE); and
2. Requested medication must be used for the treatment of acute attacks of HAE; and
3. Prior authorization requests for products administered via injection must indicate if the product is to be self-administered or to be administered by a health care provider; and
    a. For products approved for self-administration per FDA package labeling, the prescriber must verify that the member or caregiver has been trained by a health care professional on proper storage and administration of the prescribed product; or
    b. For products not recommended for self-administration by FDA package labeling, the prescriber must verify the product will be administered by a health care provider; and
4. For products requiring weight-based dosing, the member's recent weight must be provided on the prior authorization request.

HAE Treatment Products Tier 2 Approval Criteria

1. Initial approval criteria for all HAE treatment products must be met; and
2. A patient specific, clinically significant reason why the member cannot use all Tier 1 products must be provided.

HAE Treatment Products Special Prior Authorization (PA) Approval Criteria

1. Initial approval criteria for all HAE treatment products must be met; and
2. A patient specific, clinically significant reason why the member cannot use all other available lower-tiered HAE treatment products must be provided.

All medication PA requests are submitted to the Pharmacy Prior Authorization Unit at the fax number located at the bottom of the PA form. Do not submit requests to the Medical Authorization Unit or online via the provider portal.

If the member is with a SoonerSelect health plan, please use their PA process or contact the specific SoonerSelect plan's provider support line. If you have questions for members with traditional SoonerCare benefits, please contact the SoonerCare Pharmacy Prior Authorization Unit at 800-522-0114, option 4.

Thank you for your continued service to Oklahoma's SoonerCare members.

Sincerely,

Sherri White
Chief Operating Officer