

# Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

## sebetralsat (Ekterly)

### Notes:

- Quantity Limits: Yes
- ^ Adequate trial is defined as 3 doses in 24 hours without adequate symptom improvement
- \* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

**Initiation (new start) criteria:** Non-formulary **sebetralsat (Ekterly)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is an Allergist or Immunologist.
- Patient is at least 12 years of age.
- Patient has a diagnosis of hereditary angioedema (HAE) confirmed by either:
  - A complement 4 (C4) level below the lower limit of normal AND a C1 inhibitor (C1-INH) protein level or function below the lower limit of normal
  - A mutation known to cause HAE in either the SERPING1 or F12 gene
- If patient is at least 18 years of age: patient has failed an adequate trial<sup>^</sup> of icatibant or patient has an allergy or intolerance\* to icatibant.

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary **sebetralsat (Ekterly)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is an Allergist or Immunologist.
- Patient is at least 12 years of age.
- Patient has a diagnosis of hereditary angioedema (HAE) type 1 or type II.
- If patient is at least 18 years of age: patient has failed an adequate trial<sup>^</sup> of icatibant or patient has an allergy or intolerance\* to icatibant.