PHARMACY POLICY STATEMENT
Marketplace

DRUG NAME	Kalbitor (ecallantide)
BILLING CODE	J1290
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Office/Outpatient
STATUS	Prior

CareSource considers Kalbitor (ecallantide) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
08/28/2017	New policy for Kalbitor created. Criteria for each type of HAE specified. Criteria of documentation of attacks, discontinuation of meds that can cause HAE, and restriction on combinations with other meds for acute attacks added.
01/20/2021	Updated references. Removed hematology as a specialist. Simplified the diagnostic criteria. Removed log book requirement. Reworded the renewal criteria. Extended