# Takhzyro (lanadelumab-flyo)

| Override(s) | Approval Duration |
|---|---|
| Prior Authorization<br>Quantity Limit | Initial authorization: 8 months<br>Continuation authorization: 1 year |

| Medications | Quantity Limit |
|---|---|
| Takhzyro (lanadelumab-flyo) 150 mg | 1 syringe per 28 days* |
| Takhzyro (lanadelumab-flyo) 300 mg | 1 syringe/vial per 28 days* |

***Initial authorization period for those 6 years of age or older**: Requests for an additional Takhzyro (lanadelumab-flyo) syringe for a total of 2 syringes per 28 days may be approved for the initial 8 months as part of the titration period.
**For Takhzyro (lanadelumab-flyo) maintenance therapy for those 6 years of age or older**: if an individual is well-controlled (attack free) for the last 6 months, continue authorization for one year with 1 syringe per 28 days. Two syringes per 28 days may be approved for one year if a provider submits documentation providing rationale for the 2 syringes per 28 days dosing (i.e. patient has an attack in the last 6 months or history of very severe attacks i.e. laryngeal attack) or if the provider submits supporting documentation that the member has tried and failed 1 syringe per 28 days dosing (i.e. experiences an attack).

## APPROVAL CRITERIA

Initial requests for Takhzyro (lanadelumab-flyo) may be approved if the following criteria are met:

I. Individual has a diagnosis of hereditary angioedema; **AND**
II. Individual is using for prophylaxis against acute attacks of hereditary angioedema for either of the following:
    A. Short-term prophylaxis prior to surgery, dental procedures or intubation; **OR**
    B. Long-term prophylaxis to minimize the frequency and/or severity of recurrent attacks;

**AND**

III. Individual is 2 years of age or older; **AND**
IV. Documentation is provided that diagnosis is confirmed by a C4 level below the lower limit of normal as defined by laboratory test AND any of the following:
    A. Documentation is provided that C1 inhibitor (C1-INH) antigenic level is below the lower limit of normal as defined by the laboratory performing the test; **OR**
    B. Documentation is provided that C1-INH functional level is below the lower limit of normal as defined by the laboratory performing the test; **OR**
    C. Documentation is provided that there is presence of a known HAE-causing C1-INH mutation;

**AND**

V. Individual has a history of moderate or severe attacks such as airway swelling, severe abdominal pain, facial swelling, nausea and vomiting, or painful facial distortion.

Continuation requests for Takhzyro (lanadelumab-flyo) may be approved if the following criteria are met:

I. Individual has a diagnosis of hereditary angioedema; **AND**
II. Individual is using for prophylaxis against acute attacks of hereditary angioedema for either of the following:
    A. Short-term prophylaxis prior to surgery, dental procedures, or intubation; **OR**
    B. Long-term prophylaxis to minimize the frequency and/or severity of recurrent attacks;

**AND**

III. Documentation is provided that at initiation of therapy diagnosis is verified by a C4 level below the lower limit of normal as defined by laboratory test **AND** any of the following:
    A. Documentation is provided that at initiation of therapy showed C1 inhibitor (C1-INH) antigenic level below the lower limit of normal as defined by lab test; **OR**
    B. Documentation is provided that at initiation of therapy showed C1-INH functional level below the lower limit of normal as defined by lab test; **OR**
    C. Documentation is provided that at initiation of therapy the presence of a known HAE-causing C1-INH mutation was shown;

**AND**

IV. Individual has had a positive clinical response defined as a clinically significant reduction in the number and/or frequency of HAE attacks occurred.

Requests for Takhzyro (lanadelumab-flyo) may not be approved for the following:

I. All other indications not included above; **OR**
II. In combination with other HAE agents for prophylaxis of acute attacks (including but not limited to Andembry, Cinryze, Haegarda, or Orladeyo).

**Key References**:


1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2025; Updated periodically.
4. Bork, K., Anderson, J.T., Caballero, T. *et al.* Assessment and management of disease burden and quality of life in patients with hereditary angioedema: a consensus report. *Allergy Asthma Clin Immunol* 17, 40 (2021). https://doi.org/10.1186/s13223-021-00537-2.
5. Busse, PJ, Christiansen SC, Riedl MA et al. US HAEA Medical Advisory Board 2020 Guidelines for the Management of Hereditary Angioedema. J Allergy Clin Immunol Pract. 2021;9:132-50.
6. Maurer M, Magerl M, Betschel S, et al. The international WAO/EAACI guideline for the management of hereditary angioedema-The 2021 revision and update. *Allergy*. 2022;77(7):1961-1990. doi:10.1111/all.15214Riedl MA, Bernstein JA, Craig T, et al. An open-label study to evaluate the long-term safety and efficacy of lanadelumab for prevention of attacks in hereditary angioedema: design of the HELP study extension. *Clin Transl Allergy*. 2017;7:36.

7. Riedl MA. Creating a Comprehensive Treatment Plan for Hereditary Angioedema. *Immunol Allergy Clin N Am*. 2013; 33 (4): 471-485. doi:10.1016/j.iac.2013.07.003.
8. Takhzyro [Package Insert]. Lexington, MA. Dyax Corp, Shire; 2018.
9. Zuraw B, et al. Oral once-daily berotralstat for the prevention of hereditary angioedema attacks: A randomized, double-blind, placebo-controlled phase 3 trial. J Allergy Clin Immunol. 2020.
10. Zuraw BL, Banerji A, Bernstein JA, et al. US Hereditary Angioedema Association Medical Advisory Board 2013 Recommendations for the Management of Hereditary Angioedema Due to C1 Inhibitor Deficiency. *J Allergy Clin Immunol: In Practice*. 2013; 1:458-67. doi:10.1016/j.jaip.2013.07.002.
11. Zuraw BL, Bernstein JA, Lang DM, et al. A focused parameter update: Hereditary angioedema, acquired C1 inhibitor deficiency, and angiotensin-converting enzyme inhibitor–associated angioedema. *J Allergy Clin Immunol*. 2013; 131(6):1491-1493.e1-e25. Available from: http://www.jacionline.org/article/S0091-6749(13)00523-X/pdf.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.