Takhzyro (lanadelumab-flyo)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	Initial authorization: 8 months Continuation authorization: 1 year

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

***Initial authorization period for those 6 years of age or older**: Requests for an additional Takhzyro 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 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. C1 inhibitor (C1-INH) antigenic level below the lower limit of normal as defined by the laboratory performing the test with documentation provided; **OR**
    B. C1-INH functional level below the lower limit of normal as defined by the laboratory performing the test with documentation provided; **OR**
    C. 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.

Requests for Takhzyro may be approved for continuation of use in prophylactic care if the following criteria are met:

I. Confirmation of a positive clinical response defined as a clinically significant reduction in the number and/or frequency of HAE attacks occurred.

Requests for Takhzyro 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 Cinryze, Haegarda, or Orladeyo).

Key References:

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2. 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.
3. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2022. URL: http://www.clinicalpharmacology.com. Updated periodically.
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5. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
6. Efficacy ans Safety Study of DX-2930 to Prevent Acute Angioedema Attacks in Patients with Type I and Type II HAE. NCT02586805 (HELP Study). Available at https://www.clinicaltrials.gov/ct2/show/study/NCT02586805.
7. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022; Updated periodically.
8. Maurer M, Magerl M, Ansotegui I, et al. The international WAO/EAACI guideline for the management of hereditary angioedema-The 2017 revision and update. Allergy. 2018 Jan 10.
9. Riedl 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.
10. 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.
11. Takhzyro [Package Insert]. Lexington, MA. Dyax Corp, Shire; 2018.
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13. 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.
14. 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 polices may take precedence over the application of this clinical criteria.