| Division: Pharmacy Policy | Subject: Prior Authorization Criteria |
|---|---|
| Original Development Date:<br>Original Effective Date:<br>Revision Date: | January 18, 2019<br><br>April 12, 2019, August 2, 2022, January 24, 2024 |

# TAKHZYRO® (lanadelumab-flyo)

**LENGTH OF AUTHORIZATION**: UP TO ONE YEAR

**REVIEW CRITERIA**:

- Must be ≥ 2 years of age.
- Must have a diagnosis of hereditary angioedema.
- Treatment for prophylaxis against angioedema attacks.

**DOSING AND ADMINISTRATION:**

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/
- Available as 300 mg/2 mL (150 mg/mL) solution in single-dose prefilled syringe and single-dose vial and 150 mg/1 mL (150 mg/mL) solution in single-dose prefilled syringe.