



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	January 18, 2019 April 12, 2019, August 2, 2022

## **TAKHZYRO® (lanadelumab-flyo)**

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

**REVIEW CRITERIA:**

- Must be  $\geq 12$  years of age.
- Must have a diagnosis of hereditary angioedema.
- Treatment for prophylaxis use 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.