



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	January 18, 2019 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.