

TAKHZYRO (lanadelumab, SQ)

Diagnosis Considered for Coverage:

- Prevention of Hereditary Angioedema (HAE) acute attacks – type 1 or 2

Coverage Criteria:

For diagnosis listed above:

- Lab documentation shows serum C4 and C1-INH (antigenic and functional) levels consistent with HAE type I or II, **and**
- Not being used in the combination with other HAE preventative therapies (e.g. Danazol, Haegarda, C1 inhibitor [Cinryze, Berinert]), **and**
- Dose does not exceed FDA label maximum,
- Meets one of the following:
 - Patient has history of frequent attacks (i.e. at least one HAE episode per month), **or**
 - Patient has history of serious attacks with laryngeal/ upper airway involvement,
or
 - Patient has history of attacks resulting in impaired daily living.

Coverage Duration: one year

Effective Date: 3/29/2023