



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	January 18, 2019 April 12, 2019

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:

- 300mg subcutaneously every 2 weeks. If patient is attack free for $>$ 6 months, a dose of 300mg every 4 weeks may be considered.