

PHARMACY POLICY STATEMENT Georgia Medicaid	
DRUG NAME	Takhzyro (lanadelumab-flyo)
BILLING CODE	Use valid NDC
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home/Office
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) Alternative preferred product: Haegarda QUANTITY LIMIT— 2 vials (300 mg/2 ml per vial) per 28 days
LIST OF DIAGNOSES CONSIDERED NOT MEDICALLY NECESSARY	Click Here

Takhzyro (lanadelumab-flyo) is a non-preferred product and will only be considered for coverage under the pharmacy benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

HEREDITARY ANGIOEDEMA (HAE)

For initial authorization:

- 1. Member must be 12 years of age or older; AND
- 2. Medication must be prescribed by or in consultation with an allergist or immunologist; AND
- 3. Member has a diagnosis of HAE type I or type II confirmed by both of the following:
 - a) Low C4 level:
 - b) Low (<50% of normal) C1 inhibitor antigenic and/or functional level; AND
- 4. Chart notes must document the member's baseline frequency of HAE attacks; AND
- 5. Member is inadequately controlled with on-demand treatment alone; AND
- 6. Takhzyro is being prescribed for ongoing prophylaxis and will not be used to treat acute attacks; AND
- 7. Member has a trial and failure of or contraindication to Haegarda.
- 8. Dosage allowed: 300 mg subQ every 2 weeks. A dosing interval of 300 mg every 4 weeks is also effective and may be considered if the patient is well-controlled (e.g., attack free) for more than 6 months.

If member meets all the requirements listed above, the medication will be approved for 6 months.

For <u>reauthorization</u>:

1. Chart notes must be provided that show a reduced rate of HAE attacks since starting treatment.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

CareSource considers Takhzyro (lanadelumab-flyo) not medically necessary for the treatment of the following disease states based on a lack of robust clinical controlled trials showing superior efficacy compared to currently available treatments:

Acquired angioedema (AAE)



Treatment of acute HAE attacks

DATE	ACTION/DESCRIPTION
08/06/2019	New policy Takhzyro created.
01/13/2021	Updated criteria to align with the other HAE prophylactic drug revisions. Updated references. Greatly simplified the diagnostic confirmation criteria. Removed minimum required number of attacks, per guidelines; will just ask for baseline measure. Removed the statement about causative medications. Added that they must try ondemand treatment first. Rewrote the renewal criteria and removed log book requirement. Extended initial auth duration to 6 mo and renewal to 12 mo. Switched benefit type from medical to pharmacy.

References:

- 1. Takhzyro [package insert]. Lexington, MA: Dyax Corp.; November, 2018.
- ClinicalTrials.gov Identifier: NCT02586805. Efficacy and Safety Study of DX-2930 to Prevent Acute Angioedema Attacks in Patients With Type I and Type II HAE. Available at: https://clinicaltrials.gov/ct2/show/NCT02586805?term=NCT02586805&rank=1.
- 3. ClinicalTrials.gov Identifier: NCT02741596. Long-term Safety and Efficacy Study of DX-2930 (SHP643) to Prevent Acute Angioedema Attacks in Patients With Type I and Type II HAE. Available at: https://www.clinicaltrials.gov/ct2/show/NCT02741596?term=NCT02741596&rank=1.
- Lumry W. Management and Prevention of Hereditary Angioedema Attacks. Am J Manag Care. 2013;19:S111-S118.
- 5. Busse PJ, Christiansen SC, Riedl MA, et al. US HAEA Medical Advisory Board 2020 Guidelines for the Management of Hereditary Angioedema [published online ahead of print, 2020 Sep 6]. J Allergy Clin Immunol Pract. 2020;S2213-2198(20)30878-3. doi:10.1016/j.jaip.2020.08.046.
- 6. Maurer M, Magerl M, Ansotegui I, et al. The international WAO/EAACI guideline for the management of hereditary angioedema-The 2017 revision and update. Allergy. 2018;73(8):1575-1596. doi:10.1111/all.13384.
- 7. Banerji A, Riedl MA, Bernstein JA, et al. Effect of Lanadelumab Compared With Placebo on Prevention of Hereditary Angioedema Attacks: A Randomized Clinical Trial [published correction appears in JAMA. 2019 Apr 23;321(16):1636]. JAMA. 2018;320(20):2108-2121. doi:10.1001/jama.2018.16773.

Effective date: 07/01/2021 Revised date: 01/13/2021