QUICK START FORM: AUTHORIZATION

Phone: 1-866-888-0660 Fax: 1-855-ONEPATH (1-855-663-7284) **This form must always be submitted along with the TAKHZYRO Start Form.**

TAKHZYRO® (lanadelumab-flyo) injection

OnePath®

Eligibility Requirements

The Quick Start Program is available to all commercially insured patients ≥12 years of age who are US residents with a confirmed diagnosis of hereditary angioedema (HAE). To enroll your patient, fill out the Quick Start Form completely and fax it to OnePath® along with the TAKHZYRO Start Form for commercial therapy. If the Quick Start Form is received without a TAKHZYRO Start Form, the Quick Start Form cannot be processed.

Prescribing Physician Information

Name (First, Last)

Patient Information

Name (First, Middle Initial, Last)

DOB: Month/Day/Year

TAKHZYRO Prescription, Administration, and Prescribing Physician Signature

TAKHZYRO (lanadelumab-flyo) ☐ ICD-10 D84.1 ☐ Other

DOSAGE *(IMPORTANT—ONLY CHECK ONE)*:

☐ One (1) dose [1 vial (2 mL)=300 mg every two (2) weeks. Dispense quantity of 2 vials; 4 weeks' supply]
(FDA label recommended starting dosage)*

☐ One (1) dose [1 vial (2 mL)=300 mg every four (4) weeks. Dispense quantity of 1 vial; 4 weeks' supply]

REFILLS: ☐ 1 month

INJECTION SUPPLIES *(PER DOSE)*:

☐ One (1) empty 3-mL Luer lock syringe and one (1) 18 G transfer needle

☐ One (1) 27 G ½-inch injection needle or other (please specify)

DIRECTIONS:

Self-administer subcutaneous injection as prescribed by your physician in the dosage section.

Special Instructions:

Special Precautions (eg, allergies):

I appoint Takeda, its affiliates, and their representatives (collectively "Takeda") to convey on my behalf the prescription described herein to a pharmacy, if applicable.

Prescriber Signature

(Stamps not acceptable) (Dispense as written)

Date

What happens next?

1. Once the Quick Start Form and TAKHZYRO Start Form have been submitted to OnePath, eligibility will be confirmed
2. Once eligibility is confirmed, a OnePath Patient Support Manager will reach out to your patient for a welcome call
3. A 1-month supply of TAKHZYRO will be shipped to your patient, if eligible

Takeda and its affiliates reserve the right to change or discontinue this program at any time, without notice. Void where prohibited by law. This program does not constitute a financial assistance program.

INDICATION AND SELECT IMPORTANT SAFETY INFORMATION

TAKHZYRO is indicated for prophylaxis to prevent attacks of hereditary angioedema (HAE) in patients ≥12 years of age. Hypersensitivity reactions have been observed. The most commonly observed adverse reactions were injection site reactions. Less common adverse reactions observed included elevated levels of transaminases. Safety and efficacy in pediatric patients <12 years of age have not been established.

For additional Important Safety Information, please see full Prescribing Information.

*The recommended starting dose is 300 mg every 2 weeks. TAKHZYRO every 4 weeks is also effective and may be considered if the patient is well-controlled (eg, attack free) for more than 6 months.

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