

Cablivi (caplicizumab-yhdp)
Effective 04/01/2023

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy when obtained through the pharmacy benefit.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions			

Overview

Cablivi is indicated for the treatment of adult patients with acquired thrombotic thrombocytopenic purpura (aTTP), in combination with plasma exchange and immunosuppressive therapy.

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. The member has a diagnosis is acquired thrombotic thrombocytopenic purpura (aTTP)
2. The requested medication will be given in combination with immunosuppressive therapy (e.g., corticosteroids, rituximab)
3. Member is \geq 18 years of age
4. Requested quantity is \leq 1 unit/day after initial bolus injection

Continuation of Therapy

Reauthorizations require prescriber documentation that members has sign(s) of persistent underlying disease such as suppressed ADAMTS13 activity levels following the initial 30 days of treatment.

Limitations

1. Initial approvals are limited to 30 days of therapy
2. Reauthorizations are limited to 28 days of therapy

References

1. Cablivi [package insert]. Cambridge, MA: Genzyme Corporation; February 2019.
2. Scully M, Cataland SR, Peyvandi F; et al. Caplacizumab treatment for acquired thrombotic thrombocytopenic purpura. *N Engl J Med.* 2019;380(4):335-346.
3. Sadler JE. Pathophysiology of thrombotic thrombocytopenic purpura. *Blood.* 2017;130(10):1181-1188.
4. Scully M, Cataland S, Coppo P, et al. Consensus on the standardization of terminology in thrombotic thrombocytopenic purpura and related thrombotic microangiopathies. *J Thromb Haemost.* 2017; 15(2):312-322.
5. Scully M, Hunt BJ, Benjamin S, et al. Guidelines on the diagnosis and management of thrombotic thrombocytopenic purpura and other thrombotic microangiopathies. *Br J Haematol.* 2012;158(3):323-335.
6. Westwood JP, Thomas M, Alwan F, et al. Rituximab prophylaxis to prevent thrombotic thrombocytopenic purpura relapse: outcome and evaluation of dosing regimens. *Blood Adv.* 2017; 1(15):1159-1166.

Review History

09/22/2021 – Reviewed at Sept P&T; no clinical changes; separated out MH vs. Comm/Exch. Effective 01/01/2022

03/15/23 - Reviewed and updated for Mar P&T. Matched MH UPPL criteria. Removed requirement of prescriber specialty. Added quantity limit to criteria. Simplified reauth criteria. Effective 4/1/23.

