

Adzyna (ADAMTS13, recombinant-krhn)
Effective 08/12/2024

Plan	<input checked="" type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
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	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

Adzyna (ADAMTS13, recombinant-krhn) is an enzyme replacement therapy (ERT) FDA-approved for prophylactic or on demand ERT in adult and pediatric patients with congenital thrombotic thrombocytopenic purpura (cTTP).

Coverage Guidelines

Authorization may be granted for members when all the following criteria are met:

1. Diagnosis of congenital thrombocytopenic purpura (cTTP)
2. Member is ≥ 2 years of age
3. Prescriber is a hematologist, oncologist, or intensive care specialist or consult notes from specialist are provided
4. Copy of a genetic test confirming diagnosis of cTTP (e.g., reduced ADAMTS13 activity)
5. Requested agent will not be used concurrently with fresh frozen plasma (FFP)
6. Dosing is appropriate within the FDA labeling
7. Member's current weight

Continuation of Therapy

Resubmission by prescriber must document positive response to therapy or clinical rationale for continued use.

Limitations

1. Approvals may be granted for 12 months.

References

1. Adzyna® [package insert on the internet]. Lexington (MA): Takeda Pharmaceuticals America, Inc.; 2023 Nov.

2. Aledort LM, Singleton TC, Ulsh PJ. Treatment of Congenital Thrombotic Thrombocytopenia Purpura: A New Paradigm. *J Pediatr Hematol Oncol*. 2017;39(7):524-527. doi:10.1097/MPH.0000000000000917

Review History

07/10/24 – Created for P&T. Adopted MH criteria for new drug, Adzynma. Adzynma will be available through both pharmacy and medical benefits with a PA. Effective 08/12/24.

