

Enzyme and Metabolic Disorder Therapies
Adzynma (ADAMTS13, recombinant-krhn)
Effective 07/01/2025

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

Overview

Adzynma (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. Adzynma [package insert on the internet]. Lexington (MA): Takeda Pharmaceuticals America, Inc.; 2024 Aug.
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.

06/11/25 – Reviewed and updated for P&T. Part of annual UM review. Updated formatting and references. Effective 7/1/25

