Mass General Brigham
Health Plan

Enzyme and Metabolic Disorder Therapies
Adzynma (ADAMTS13, recombinant-krhn)
Effective 01/04/2027

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 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
If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted when all of 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. Medical records or a 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
11~~2~~/04~~2~~/26 – Reviewed and updated for P&T. Updated formatting. Effective 01~~12~~/04~~1~~/27~~6~~