Mass General Brigham
Health Plan

Thrombocytopenic Agents
Cablivi (caplicizumab-yhdp)
Effective 05/12/2025

Plan	☒ MassHealth ☐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	Cablivi is also available on the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria. Additional agents from this class are available through the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.		

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 ≥ 18 years of age
4. Requested quantity is ≤ 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. May only approve **up to a max of 28 additional days**.

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 microantiopathies. *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.
10/9/24 – Reviewed and updated for P&T. Formatting updates. No clinical changes. Effective 11/12/24
04/09/25 – Reviewed and updated for P&T. Reauthorization verbiage was updated to state "up to a max of 28 days" following FDA label. Effective 05/12/25