

# Caplacizumab



**Included Products:** Cablivi (caplacizumab-yhdp)

Nonformulary for outpatient benefit. PA required on medical benefit.

Created: 07/11/2019

Revised: 07/11/2019

Reviewed: 07/11/2019

Updated: 09/23/2021

## All Diagnoses

Initial Criteria		If yes	If no
1.	Is Cablivi being prescribed by a hematologist?	Continue to #2.	Do not approve.
2.	Does the member have a diagnosis of acquired thrombotic thrombocytopenic purpura (aTTP) including the following features?	Continue to #3.	Do not approve..
3.	Is Cablivi being administered in addition to plasma exchange and immunosuppressive therapy and planned to be continued for 30 days after discontinuation of plasma exchange?	Continue to #4.	Do not approve.
4.	Approve for one month for up to 30 day supply.		
Renewal Criteria		If yes	If no
1.	Has the member received Cablivi in combination with plasma exchange and immunosuppressive therapy during plasma exchange and for 30 days beyond the last plasma exchange?	Continue to #2.	Do not approve.
2.	Does the member have sign(s) of persistent underlying disease such as suppressed ADAMTS13 activity levels?	Continue to #3.	Do not approve.
3.	Approve for one month for up to 28 day supply.		