UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Cablivi

Program	Prior Authorization
Medication	Cablivi® (caplacizumab-yhdp)
Markets in Scope	Arizona, California, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania- CHIP, Rhode Island, South Carolina
Issue Date	4/2019
Pharmacy and Therapeutics Approval Date	4/2020
Effective Date	6/2020

1. Background:

Cablivi (caplacizumab-yhdp) is a von Willebrand factor (vWF)-directed antibody fragment indicated for the treatment of adult patients with acquired thrombotic thrombocytopenic purpura (aTTP), in combination with plasma exchange and immunosuppressive therapy.

2. Coverage Criteria:

A. <u>Acquired thrombotic thrombocytopenic purpura (aTTP)</u>

1. <u>Initial Authorization</u>

a. **Cablivi** will be approved based on **<u>all</u>** of the following criteria

(1) Diagnosis of acquired thrombotic thrombocytopenic purpura (aTTP)

-AND-

(2) Cablivi was initiated in the inpatient setting in combination with plasma exchange therapy

-AND-

(3) Cablivi will be used in combination with immunosuppressive therapy (e.g., corticosteroids)

-AND-

(4) Total treatment duration will be limited to 58 days beyond the last

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therapeutic plasma exchange

Authorization will be issued for 2 months.

2. <u>Reauthorization</u>

a. Request is for a new (different) episode requiring the re-initiation of plasma exchange for the treatment of aTTP. (Documentation of date of prior episode and documentation date of new episode required)

Authorization will be issued for 2 months for a new episode of aTTP.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Cablivi [package insert]. Cambridge, MA: Genzyme Corporation; February 2019.

Program	Prior Authorization
Change Control	
Date	Change
4/2019	New program
4/2020	Annual review. Updated reference.

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