Cablivi (caplacizumab-yhdp) will be considered for coverage under the medical benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

### ACQUIRED THROMBOTIC THROMBOCYTOPENIC PURPURA (aTTP)

**For initial authorization:**
1. Member is 18 years old or older; AND
2. Medication must be prescribed by or in consultation with a hematologist; AND
3. Member has known or highly likely diagnosis of severe aTTP with ALL of the following:
   a) Lab results showing platelet count less than 100,000\(^4,5\);
   b) Microangiopathic hemolytic anemia (MAHA) confirmed by presence of schistocytes on blood smear;
   c) Documentation of a PLASMIC score between 5 and 7 (intermediate to high risk)\(^6\);
   d) Testing shows an ADAMTS13 activity level less than 10%, OR test has been ordered and results are pending; AND
4. Cablivi was initiated inpatient with plasma exchange and will be continued in combination with immunosuppressive therapy (i.e. glucocorticoids, rituximab) as indicated.
   *Note: Rituximab requires prior authorization.*
5. **Dosage allowed:** 11mg once daily\(^1\)

*If member meets all the requirements listed above, the medication will be approved for 30 days.*

**For reauthorization:**
1. Platelet count normalized (at least 150,000) for at least 2 days during treatment; AND
2. ADAMTS13 activity remains less than 20%; AND
3. Member has not experienced more than 2 recurrences (need to restart plasma exchange) of aTTP during treatment (within the same episode or acute event).

*If member meets all the reauthorization requirements above, the medication will be approved for an additional 28 days.*

CareSource considers Cablivi (caplacizumab-yhdp) not medically necessary for the treatment of the diseases that are not listed in this document.
## References:


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**Effective date:** 10/01/2022  
**Revised date:** 10/06/2022