BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA	**ORIGINAL EFFECTIVE DATE: 10/14/24**
SECTION: SPECIALTY MEDICAL DRUGS	**LAST REVIEW DATE: 08/15/24**
	CURRENT EFFECTIVE DATE: 10/14/24
	LAST CRITERIA REVISION DATE:
NEXT ANNUAL REVIEW DATE: 3RD QTR 2025	**ARCHIVE DATE:**

CABLIVI® (caplacizumab-yhdp)

Non-Discrimination Statement is located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Evidence-Based Criteria must be read in its entirety to determine coverage eligibility, if any.

This Evidence-Based Criteria provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Evidence-Based Criteria are subject to change as new information becomes available.

For purposes of this Evidence-Based Criteria, the terms "experimental" and "investigational" are considered to be interchangeable.

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CABLIVI® (caplacizumab-yhdp)

Criteria:

Refer to FDA website for current indications and dosage.

- **Criteria for initial therapy:** Cablivi (caplacizumab-yhdp) is considered ***medically necessary*** and will be approved when **ALL** of the following criteria are met:

1. Prescriber is a physician specializing in the patient's diagnosis or is in consultation with a Hematologist

2. Individual is 18 years of age or older

3. Individual has a confirmed diagnosis of Acquired Thrombocytopenic Purpura (aTTP) as indicated by **ALL** of the following:

   - Platelet count is **ONE** of the following:

     a. Less than 30 x 10^9/L
     b. Less than 100 x 10^9/L with serum creatinine less than 2.26 mg/dl

   - Microscopic evidence of red blood cell fragmentation (e.g., schistocytes) on peripheral blood smear
   - ADAMTS13 activity level is **ONE** of the following:

     a. 20 percent or less
     b. ADAMTS13 activity level has been drawn but results are not back yet [Note: if results are determined to be greater than 20%, Cablivi will be discontinued]

4. Cablivi will be initiated in combination with plasma exchange (PE) and immunosuppressive therapy (i.e., high-dose glucocorticoids and/or rituximab)

5. Individual does **NOT** have **ANY** of the following:

   - Concurrent use of anticoagulants or antiplatelets
   - Thrombocytopenia due to another cause (i.e., sepsis, infection with *E. coli* 0157, atypical hemolytic uremic syndrome, disseminated intravascular coagulation, or congenital thrombotic thrombocytopenic purpura)

Initial approval duration: 1 month

- Initial approval duration may extend beyond 1 month to allow for daily treatment during plasma exchange and for 30 days beyond the last plasma exchange.
- Initial treatment course:

  a. First day of Treatment: 11 mg IV bolus prior to PE and 11 mg SQ after PE

b. Subsequent treatment during PE: 11 mg SQ once daily following PE
c. Subsequent treatment after PE period: 11 mg SQ once daily for 30 days after PE completed

- **Criteria for continuation of coverage (renewal request):** Cablivi (caplacizumab-yhdp) is considered ***medically necessary*** and will be approved when **ALL** of the following criteria are met:

1. Individual continues to be seen by a physician specializing in the patient's diagnosis or is in consultation with a Hematologist

2. Individual meets **ALL** of the following:

   - Has received Cablivi initial treatment course during plasma exchange and for 30 days after plasma exchange
   - Has been started on an immunosuppressive therapy (i.e., high dose corticosteroids and/or rituximab)
   - Documentation of persistent underlying immunological disease (ADAMTS13 activity levels 20 percent or less)
   - Has not had more than 2 recurrences of aTTP while on Cablivi (see Definitions Section)

3. Individual has been adherent with the medication

4. Individual has not developed any contraindications or other significant adverse drug effects that may exclude continued use, including clinically significant bleeding

5. Individual is not taking concomitant anticoagulants or antiplatelets

Renewal duration: 28 days

- Cablivi (caplacizumab-yhdp) for all other indications not previously listed is considered ***experimental or investigational*** and will not be covered when any **ONE** or more of the following criteria are met:

1. Lack of final approval from the appropriate governmental regulatory bodies (e.g., Food and Drug Administration); or
2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes; or
3. Insufficient evidence to support improvement of the net health outcome; or
4. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives; or
5. Insufficient evidence to support improvement outside the investigational setting.

These indications include, *but are not limited to:*

- Treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, or duration.

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CABLIVI® (caplacizumab-yhdp)

Description:

Cablivi (caplacizumab-yhdp) is a von Willebrand factor (vWF)- directed antibody fragment indicated for:

- Adult patients with acquired thrombotic thrombocytopenic purpura (aTTP), in combination with plasma exchange and immunosuppressive therapy.

Acquired thrombotic thrombocytopenia purpura (aTTP) is a very rare condition where blood clots form in small blood vessels throughout the body. These clots block the flow of blood and oxygen to organs, leading to a lower-than-normal number of platelets in the blood. Symptoms include purple bruises or red or purple spots on the skin, bleeding problems, anemia, fever, chest pain, nervous system issues, and kidney problems. It occurs when the body produces antibodies that block the enzyme ADAMTS13, involved in blood clotting. aTTP can be triggered by certain diseases (e.g. pregnancy, cancer, lupus, HIV) or medications (e.g. chemotherapy, hormone therapy), or procedures (e.g. surgery, stem cell transplant). aTTP usually occurs in adults.

Definitions:

Recurrence of aTTP: Thrombocytopenia (platelets < 100 x 10^9/L) after initial recovery of platelet count (platelet count ≥ 150 x 10^9/L) that requires re-initiation of daily plasma exchange.

History:	Date:	Activity:
Pharmacy and Therapeutics Committee	08/15/24	Approved guideline (effective 10/14/24)
Clinical Pharmacist	06/05/24	Development

Coding:

HCPCS: C9047

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Resources:

Literature reviewed 08/15/24. We do not include marketing materials, poster boards and non-published literature in our review.

1. Arnold DM, Cuker A. Second-line and subsequent therapies for immune thrombocytopenia (ITP) in adults. In: UpToDate, Crowther M, Tirnauer JS (Eds). UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Literature current through April 2024. Topic last updated October 11, 2023. Accessed May 23, 2024.

2. Cablivi (caplacizumab-yhdp) prescribing information revised by Genzyme Corporation 4/2024. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed June 5, 2024.

3. George JN, Cuker A. Immune TTP: Management following recovery from an acute episode and during remission. In: UpToDate, Leung LLK, Tirnauer JS (Eds). UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Literature current through April 2024. Topic last updated February 21, 2024. Accessed May 23, 2024.

4. George JN, Cuker A. Immune TTP: Treatment of clinical relapse. In: Leung LLK, Tirnauer JS (Eds). UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Literature current through May 2024. Topic last updated May 2, 2024. Accessed June 5, 2024.

5. George JN, Nester CM. Thrombotic microangiopathies (TMAs) with acute kidney injury (AKI) in adults: CMA-TMA and ST-HUS. In: UpToDate, Brodsky RA, Tirnauer JS (Eds). UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Literature current through April 2024. Topic last updated August 16, 2023. Accessed May 23, 2024.

6. Scully M, Cataland SR, Peyvandi F, et al. Caplacizumab treatment for acquired thrombotic thrombocytopenic purpura. *N Engl J Med*. 2019;380:335-346.

7. Zheng XL, Vesely SK, Cataland SR, et. al. International Society on Thrombosis and Haemostasis (ISTH) guidelines for the diagnosis of thrombotic thrombocytopenic purpura. International Society on Thrombosis and Haemostasis. 2020. *J Thromb Haemost*. 2020;18:2486–2495.

8. Zheng XL, Vesely SK, Cataland SR, et al. International Society on Thrombosis and Haemostasis (ISTH) guidelines for the treatment of thrombotic thrombocytopenic purpura. *J Thromb Haemost*. 2020;18:2496-2502.

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Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html