

Policy Name:	Cablivi (caplacizumab)	Policy#:	3186P
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Purpose of the Policy

The purpose of this policy is to define coverage criteria for Cablivi (caplacizumab).

Statement of the Policy

Health Alliance Medical Plans will approve the use of Cablivi (caplacizumab) under the specialty pharmacy or medical benefit if the following criteria are met.

Criteria

1. Coverage Criteria for Thrombocytopenic Purpura (TTP)

- 1.1 Diagnosis of acquired thrombocytopenic purpura (TTP)
- 1.2 Cablivi will be used in combination with plasma exchange therapy and immunosuppressants
 - Therapy is limited to 30 days after discontinuation of plasma exchange
- 1.3 Age 18 years or older
- 1.4 Prescribed by or in consultation with a hematologist
- 1.5 First dose given by healthcare provider as IV injection

2. Approval Period

- 2.1 12 months (maximum 2 month supply within 12 months)

CPT Codes

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HCPCS Codes

C9047	Injection, caplacizumab-yhdp, 1 mg
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References

1. Cablivi (caplacizumab) [prescribing information]. Cambridge, MA: Genzyme Corporation; April 2024.
2. Zheng XL, Vesely SK, Cataland SR, et al. ISTH guidelines for treatment of thrombotic thrombocytopenic purpura. *J Thromb Haemost* 2020; 18:2496.
3. Scully M, Cataland SR, Peyvandi F, et al; HERCULES Investigators. Caplacizumab treatment for acquired thrombotic thrombocytopenic purpura. *N Engl J Med*. 2019;380(4):335-346.
4. Coppo P, Bubenheim M, Azoulay E, et al. A regimen with caplacizumab, immunosuppression, and plasma exchange prevents unfavorable outcomes in immune-mediated TTP. *Blood* 2021; 137:733.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.