

POLICY NAME	Cablivi (caplacizumab)	POLICY #	3186P
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Criteria

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