

POLICY NAME

Adzynma (ADAMTS13 Recombinant)

POLICY #

Criteria

Exclusion Criteria – Any of the following prevents coverage

- ☐ 2.1 Diagnosis of acquired or immune mediated thrombotic thrombocytopenic purpura (iTTP) or any other thrombocytopenic disorder

Coverage Criteria

- ☐ 1.1 Diagnosis of severe congenital (hereditary) thrombotic thrombocytopenic purpura (cTTP) confirmed by both of the following:
 - Genetic testing showing mutation in the ADAMTS13 gene
 - ADAMTS13 enzyme activity testing showing <10% of normal ADAMTS13 activity in the absence of ADAMTS13 antibodies (patients currently receiving prophylactic therapy may exceed 10% ADAMTS13 enzyme activity level at screening)
- ☐ 1.2 Prescribed by or in consultation with a hematologist (blood doctor), oncologist (cancer doctor) or other specialist in blood disorders
- ☐ 1.3 For on-demand therapy: documentation that patient is experiencing a 50% or greater drop in platelet count or platelet count is <100,000/microliter
- ☐ 1.4 For prophylactic therapy: patient must have a history of at least one documented TTP event while receiving prophylactic plasma based therapy
- ☐ 1.5 Requests for coverage must be reviewed by both a pharmacist and medical director