

<b>POLICY NAME</b>	Adzyna (ADAMTS13 Recombinant)	<b>POLICY #</b>	<b>3232P</b>
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## Criteria

### 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

### 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