

POLICY NAME	Adzynma (ADAMTS13 Recombinant)	POLICY #	3232P
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Criteria

Coverage Criteria

- ☐ 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)
- ☐ Prescribed by or in consultation with a hematologist (blood doctor), oncologist (cancer doctor) or other specialist in blood disorders
- ☐ For on-demand therapy: documentation that patient is experiencing a 50% or greater drop in platelet count or platelet count is <100,000/microliter
- ☐ For prophylactic therapy: patient must have a history of at least one documented TTP event while receiving prophylactic plasma based therapy
- ☐ Requests for coverage must be reviewed by both a pharmacist and medical director

Exclusion Criteria – Any of the following prevents coverage

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