

Louisiana Medicaid
Caplacizumab-yhdp (Cablivi®)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for caplacizumab-yhdp (Cablivi®).

Approval Criteria (Initial and Reauthorization)

- The recipient has a diagnosis of acquired thrombotic thrombocytopenic purpura (aTTP); **AND**
- The recipient is 18 years of age or older on the date of the request; **AND**
- Caplacizumab-yhdp (Cablivi®) is being prescribed by, or the request states that the medication is being prescribed in consultation with, a provider experienced in the treatment of aTTP, such as a hematologist; **AND**
- Caplacizumab-yhdp (Cablivi®) must be used in combination with plasma exchange and immunosuppressive therapy and this is **stated on the request**; **AND**
- By submitting the authorization request, the prescriber attests to the following:
 - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
 - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
 - The recipient has no concomitant drug therapies or disease states that limit the use of caplacizumab-yhdp (Cablivi®); **AND**
 - The recipient will not receive caplacizumab-yhdp (Cablivi®) in combination with any medication that is contraindicated or not recommended per FDA labeling; **AND**
 - Caplacizumab-yhdp (Cablivi®) will be discontinued if the recipient experiences more than 2 recurrences of aTTP while on caplacizumab-yhdp (Cablivi®).

Duration of approval: 90 days per occurrence of acquired thrombotic thrombocytopenic purpura (aTTP)

Additional edits may apply at Point-of-Sale (POS). Override options may be available. For more information, refer to the Louisiana Department of Health Pharmacy Benefits Management Services Manual at www.lamedicaid.com/provweb1/Providermanuals/manuals/PHARMACY/PHARMACY.pdf

Reference

Cablivi® (caplacizumab-yhdp) [package insert]. Cambridge, MA: Genzyme Corporation: February 2019 <http://products.sanofi.us/Cablivi/Cablivi.pdf>

Revision	Date
Policy created	October 2019