

Federal Employee Program.

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# 5.85.034

Section: Prescription Drugs Effective Date: October 1, 2024

Subsection: Hematological Agents Original Policy Date: February 22, 2019

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Last Review Date: September 6, 2024

## Cablivi

### Description

### Cablivi (caplacizumab-yhdp)

#### Background

Cablivi (caplacizumab-yhdp) is a von Willebrand factor (vWF)-directed antibody fragment. Cablivi targets the A1-domain of vWF, and inhibits the interaction between vWF and platelets, thereby reducing both vWF-mediated platelet adhesion and platelet consumption (1).

### **Regulatory Status**

FDA-approved indication: Cablivi is indicated for the treatment of adult patients with acquired thrombotic thrombocytopenic purpura (aTTP), in combination with plasma exchange and immunosuppressive therapy (1).

The recommended dose of Cablivi is as follows: (1)

- First day of treatment: 11 mg bolus intravenous injection at least 15 minutes prior to plasma exchange followed by an 11 mg subcutaneous injection after completion of plasma exchange on day 1
- Subsequent treatment during daily plasma exchange: 11 mg subcutaneous injection once daily following plasma exchange
- Treatment after the plasma exchange period: 11 mg subcutaneous injection once daily for 30 days beyond the last plasma exchange
- If after initial treatment course, sign(s) of persistent underlying disease such as suppressed ADAMTS13 activity levels remain present, treatment may be extended for a maximum of 28 days

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 Discontinue Cablivi if the patient experiences more than 2 recurrences of aTTP, while on Cablivi

Cablivi increases the risk of bleeding. The risk of bleeding is increased in patients with underlying coagulopathies (e.g., hemophilia, other coagulation factor deficiencies). It is also increased with concomitant use of Cablivi with drugs affecting hemostasis and coagulation. Cablivi should be interrupted if clinically significant bleeding occurs. If needed, von Willebrand factor concentrate may be administered to rapidly correct hemostasis. If Cablivi is restarted, the patient should be monitored closely for signs of bleeding. Cablivi should be withheld for 7 days prior to elective surgery, dental procedures, or other invasive interventions.

The safety and effectiveness of Cablivi in patients less than 18 years of age have not been established (1).

### Related policies

IVIG, Nplate, Promacta, Rituximab, Tavalisse

### **Policy**

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Cablivi may be considered **medically necessary** if the conditions indicated below are met.

Cablivi may be considered **investigational** for all other indications.

# **Prior-Approval Requirements**

Age 18 years of age or older

### **Diagnosis**

Patient must have the following:

Acquired thrombotic thrombocytopenic purpura (aTTP)

#### AND ALL of the following:

1. Used in combination with plasma exchange and immunosuppressive therapy

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2. Cablivi should be continued for 30 days following the last plasma exchange session

- NO suspected thrombotic microangiopathies that were not associated with thrombotic thrombocytopenic purpura (TTP), such as hemolytic uremic syndrome
- 4. NO congenital TTP
- 5. Prescriber agrees to monitor for signs of bleeding
- 6. Prescriber agrees to discontinue therapy with Cablivi if the patient experiences more than 2 recurrences of aTTP, while on Cablivi

## Prior-Approval Renewal Requirements

Same as above

### **Policy Guidelines**

### Pre-PA Allowance

None

# **Prior-Approval Limits**

#### Quantity

Strength	Quantity
11 mg single-dose vials	60 vials

**Duration** 90 days

# Prior-Approval Renewal Limits

Same as above

#### Rationale

#### **Summary**

Cablivi (caplacizumab-yhdp) is a von Willebrand factor (vWF)-directed antibody fragment. Cablivi targets the A1-domain of vWF, and inhibits the interaction between vWF and platelets, thereby reducing both vWF-mediated platelet adhesion and platelet consumption (1).

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Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Cablivi while maintaining optimal therapeutic outcomes.

### References

1. Cablivi [package insert]. Cambridge, MA: Genzyme Corporation; April 2023.

Policy History	
Date	Action
February 2019 June 2019	Addition to PA Annual review. Per SME, addition of: Cablivi should be continued for 30 days following the last plasma exchange session; no suspected thrombotic microangiopathies not associated with TTP; no congenital TTP
March 2020	Annual review
June 2020	Annual review
March 2021	Annual editorial review and reference update
March 2022	Annual review and reference update
March 2023 June 2023	Annual review and reference update. Changed policy number to 5.85.034 Annual review
March 2024	Annual review and reference update
June 2024	Annual review
September 2024	Annual review
Keywords	

#### Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 6, 2024 and is effective on October 1, 2024.