

<b>Department:</b>	Pharmacy Management	<b>Original Approval:</b>	04/09/2025
<b>Policy No:</b>	PM605	<b>Last Approval:</b>	04/09/2025
<b>Policy Title:</b>	ADAMTS13, Recombinant-krhn (Adzyna) Clinical Coverage Criteria		
<b>Approved By:</b>	UM Criteria Subcommittee		
<b>Applicable Line(s) of Business:</b>	<input type="checkbox"/> Washington Apple Health (Medicaid) <input type="checkbox"/> Behavioral Health Services Only <input type="checkbox"/> Apple Health Expansion <input checked="" type="checkbox"/> Medicare Advantage/Special Needs Plan <input checked="" type="checkbox"/> Medicare Advantage Only <input checked="" type="checkbox"/> Cascade Select		

## Required Clinical Documentation for Review

Documentation required to determine medical necessity for Adzyna (ADAMTS13, Recombinant-krhn):

1. History and/or physical examination notes and relevant specialty consultation notes that address the problem and need for the service
2. Diagnosis
3. Labs/Diagnostics
4. Dosing and duration requested
5. Initial/Extended approval
6. Medical records from the last 6 months showing the patient's problems, history, prior treatments, response to treatment, imaging and laboratory studies, details of the skilled needs, details of any specific needs related to risk/trauma/cultural etc., assessment and plan
7. Prescribed by or in consultation with a specialist, when indicated.

## Background

Adzyna (ADAMTS13, Recombinant-krhn) is an intravenously human-recombinant ADAMTS13 (A disintegrin and metalloproteinase with thrombospondin motifs 13) indicated for prophylactic therapy or on demand enzyme replacement therapy in adult and pediatric patients with congenital thrombotic thrombocytopenic purpura (cTTP).<sup>1</sup> ADAMTS13 is a plasma zinc metalloprotease that cleaves large and ultra-large von Willebrand factor (VWF) multimers into smaller units, reducing the platelet-aggregating effects of VWF.

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

Congenital thrombotic thrombocytopenic purpura (cTTP) is most often detected in childhood or during pregnancy.<sup>2</sup> cTTP clinically presents as macroangiopathic hemolytic anemia (MAHA) with severe thrombocytopenia and variable organ ischemia (most commonly neurologic, cardiac, or renal), resulting from platelet adhesion and aggregation in an environment of VMF dysregulation. Diagnosis is confirmed with molecular genetic testing of the ADAMTS13 gene or by ADAMTS13 activity testing showing < 10% of normal activity.

## Guidelines

The 2020 International Society on Thrombosis and Haemostasis *Guidelines for treatment of thrombotic thrombocytopenic purpura* do not endorse use of plasma infusion over a watch and wait strategy in patients with cTTP in remission as the determination of treatment strategy is dependent on clinical circumstance of the patient given the requirement of substantial infrastructure resources, large volume of plasma, and burden of treatment on the patient.<sup>3</sup> In acute episodes, therapeutic plasma exchange (TPE) with fresh frozen plasma (FFP) replacement is first-line therapy in TTP.<sup>2</sup> Currently, guidelines do not include recommendations for recombinant ADAMTS13.

## Clinical Trials

A Phase 3b, Prospective, Open-label, Multicenter, Single Treatment Arm, Continuation Study of the Safety and Efficacy of TAK-755 (rADAMTS13, Also Known as BAX 930/SHP655) is currently recruiting and in progress with estimated completion by 03/16/2027.<sup>4</sup> Enrolled patients will be randomized to receive recombinant ADAMTS13 for prophylactic treatment on a weekly/biweekly schedule or for an “on-demand” treatment schedule for acute TTP events.

In a Phase 3, open-label, crossover trial, 48 patients were randomized to receive prophylaxis with either recombinant ADAMTS13 or standard therapy (plasma-derived products).<sup>5</sup> Treatment with weekly or biweekly prophylaxis with recombinant ADAMTS13 resulted in 100% ADAMTS13 activity versus 19% ADAMTS13 activity in patients receiving standard therapy. Adverse events occurred in 71% of patients receiving recombinant ADAMTS13 versus 84% of patients receiving standard therapy.

## Definitions

N/A

## Indications/Criteria

<b>Medicaid Members</b>	<b><i>Excluded benefit. Authorization and billing required directly through WA Apple Health Fee for Service only. Call 800-562-3022.</i></b>
-------------------------	--

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

<b>Individual &amp; Family (Cascade Select) Members</b>	<i>Continue to criteria for approval below.</i>
<b>Medicare Members</b>	<i>Continue to criteria for approval below.</i>

### FDA-Approved Indications

#### 1. Congenital Thrombotic Thrombocytopenic Purpura (cTTP) – Prophylactic and Acute.

**Initial Authorization.** Approve for the duration noted if the patient meets the following criteria (A, B, and C):

- A)** The patient is  $\geq 2$  years of age; AND
- B)** Diagnosis of cTTP is confirmed by one of the following methods (i or ii):
  - i. Molecular genetic testing demonstrating mutation of the ADAMTS13 gene; OR
  - ii. ADAMTS13 activity testing demonstrating  $< 10\%$  of normal ADAMTS13 activity; AND
- C)** The medication is prescribed by or in consultation with a hematologist, oncologist, or genetic medicine physician.

**Reauthorization.** The patient has previously received Adzynma for management of cTTP.

Approve for the duration noted if the patient meets the following criteria (A and B):

- A)** The patient continues to meet initial approval criteria; AND
- B)** The patient has had a positive clinical response (e.g., as evidenced by increased platelet counts, fewer TTP exacerbations, reduced serum lactate dehydrogenase levels) compared to baseline as determined by the prescriber.

**Dosing.** Approve for ONE of the following regimens (A, B or C):

- A) Prophylactic Therapy – Initial Authorization.** Approve for 6 months with treatment plan of Adzynma 40 IU/kg, administered not more frequently than once every week; OR
- B) Prophylactic Therapy – Reauthorization.** Approve for 1 year with treatment plan of Adzynma 40 IU/kg, administered not more frequently than once every week; OR
- C) On-Demand Enzyme Replacement Therapy.** Approve for 1 month with treatment plan of Adzynma 40 IU/kg on day 1, 20 IU/kg on day 2, and 15 IU/kg daily on day 3 and beyond (until two days after acute event is resolved).

### Special Considerations

None

### Limitations/Exclusions

Please see link to member coverage documents below:

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

Line of Business	Link to Member Coverage Documents
Medicare Advantage Plans (Including D-SNP)	<a href="https://medicare.chpw.org/">https://medicare.chpw.org/</a> Select the appropriate plan from the “Plans” drop down on the top navigation bar.
Apple Health	<a href="https://www.chpw.org/for-members/benefits-and-coverage-imc/">https://www.chpw.org/for-members/benefits-and-coverage-imc/</a>
Cascade Select	<a href="https://chnwhealthinsurance.chpw.org/member-center/plan-benefits/">https://chnwhealthinsurance.chpw.org/member-center/plan-benefits/</a>

## List of Appendices

None

## Citations & References

<b>CFR</b>	<a href="#">42 CFR § 438.210</a>	
<b>WAC</b>	<a href="#">WAC 284-43-2050</a>	
<b>RCW</b>		
<b>LOB &amp; Contract Citation</b>	<input type="checkbox"/> WAHIMC	
	<input type="checkbox"/> BHSO	
	<input type="checkbox"/> Wraparound	
	<input type="checkbox"/> SMAC	
	<input type="checkbox"/> HH	
	<input type="checkbox"/> AHE	
	<input checked="" type="checkbox"/> MA/DSNP	P&P supports all LOB requirements
	<input checked="" type="checkbox"/> CS	P&P supports all LOB requirements
<b>Other Requirements</b>		
<b>NCQA Elements</b>		
<b>References</b>	<ol style="list-style-type: none"> <li>ADZYNMA (ADAMTS13, recombinant-krhn) lyophilized powder for Injection, for intravenous use [package insert]. Lexington, MA: Takeda Pharmaceuticals U.S.A., Inc.; 2023.</li> <li>Sukumar S, Lämmle B, Cataland SR. Thrombotic Thrombocytopenic Purpura: Pathophysiology, Diagnosis, and Management. J Clin Med. 2021 Feb 2;10(3):536.</li> <li>Zheng XL, Vesely SK, Cataland SR, Coppo P, Geldziler B, Iorio A, Matsumoto M, Mustafa RA, Pai M, Rock G, Russell L, Tarawneh R, Valdes J, Peyvandi F. ISTH guidelines for treatment of thrombotic</li> </ol>	

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

	<p>thrombocytopenic purpura. J Thromb Haemost. 2020 Oct;18(10):2496-2502.</p> <p>4. ClinicalTrials.gov A Study of TAK-755 in Participants With Congenital Thrombotic Thrombocytopenic Purpura Available at: <a href="https://clinicaltrials.gov/ct2/show/NCT04683003">https://clinicaltrials.gov/ct2/show/NCT04683003</a>. Last accessed March 2025</p> <p>5. Scully M, Antun A, Cataland SR, Coppo P, Dossier C, Biebuyck N, Hassenpflug WA, Kentouche K, Knöbl P, Kremer Hovinga JA, López-Fernández MF, Matsumoto M, Ortel TL, Windyga J, Bhattacharya I, Cronin M, Li H, Mellgård B, Patel M, Patwari P, Xiao S, Zhang P, Wang LT; cTTP Phase 3 Study Investigators. Recombinant ADAMTS13 in Congenital Thrombotic Thrombocytopenic Purpura. N Engl J Med. 2024 May 2;390(17):1584-1596.</p>
--	--

## Revision History

Revision Date	Revision Description	Revision Made By
04/08/2025	New policy	Michael Tom, PharmD; Alan Gabot, PharmD
04/09/2025	Approval	UM Criteria Subcommittee