

SPECIALTY GUIDELINE MANAGEMENT

ADZYNMA (ADAMTS13, recombinant-krhn)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

Adzynma is indicated for prophylactic or on demand enzyme replacement therapy (ERT) in adult and pediatric patients with congenital thrombotic thrombocytopenic purpura (cTTP).

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review:

- A. Initial requests: ADAMTS13 enzyme assay and ADAMTS13 genetic testing results supporting the diagnosis.
- B. Continuation of therapy requests: Medical records (e.g., chart notes, lab reports) documenting a response to therapy (e.g., reduction or maintenance of number of thrombotic thrombocytopenic purpura [TTP] events, increase in platelet count, decrease in lactate dehydrogenase [LDH] level).

III. CRITERIA FOR INITIAL APPROVAL

Congenital thrombotic thrombocytopenic purpura (cTTP)

Authorization of 6 months may be granted for the treatment of congenital thrombotic thrombocytopenic purpura (cTTP) when both of the following criteria are met:

- A. The diagnosis of cTTP has been confirmed by genetic testing with biallelic mutations in the ADAMTS13 gene.
- B. Member has an ADAMTS13 activity level of less than 10% at the time of diagnosis.

IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section III who are responding to therapy (e.g., reduction or maintenance of number of thrombotic thrombocytopenic purpura [TTP] events, increase in platelet count, decrease in lactate dehydrogenase [LDH] level).

V. REFERENCES

Reference number(s)
6250-A

1. Adzynma [package insert]. Lexington, MA: Takeda Pharmaceuticals U.S.A., Inc.; November 2023.
2. Asmis LM, Serra A, Krafft A, et al. Recombinant ADAMTS13 for Hereditary Thrombotic Thrombocytopenic Purpura. N Engl J Med 2022; 387: 2356-2361.