

# Standard Guideline Management

## Adzynma

### Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Adzynma	ADAMTS13, recombinant-krhn

### 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<sup>1</sup>

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.

### Documentation

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

- Initial requests: ADAMTS13 enzyme assay and ADAMTS13 genetic testing results supporting the diagnosis.
- 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

Reference number(s)
6250-A

thrombocytopenic purpura [TTP] events, increase in platelet count, decrease in lactate dehydrogenase [LDH] level).

## Coverage Criteria

### Congenital Thrombotic Thrombocytopenic Purpura (cTTP)<sup>1-3</sup>

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

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

### Continuation of Therapy<sup>1-3</sup>

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section 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).

## References

1. Adzynma [package insert]. Lexington, MA: Takeda Pharmaceuticals U.S.A., Inc.; June 2024.
2. Asmis LM, Serra A, Krafft A, et al. Recombinant ADAMTS13 for Hereditary Thrombotic Thrombocytopenic Purpura. N Engl J Med 2022; 387: 2356-2361.
3. Scully M, Antun A, Ctalan SR, et al. Recombinant ADAMTS13 in Congenital Thrombotic Thrombocytopenic Purpura. N Engl J Med 2024; 390(17):1584-1596. doi:10.1056/NEJMoa2314793.