

# Provider Bulletin



## News and Information

Dec. 19, 2024

### Updated prior authorization criteria for drugs on the UCare Individual & Family Plans and UCare Individual & Family Plans with M Health Fairview Plans formulary

On Feb. 1, 2025, prior authorization criteria for the drug listed below will be updated. This change will be reflected in the [2025 Prior Authorization Criteria](#) forms.

Drug or category	Criteria change
Cabliivi	<p>Cabliivi (caplacizumab) is indicated for the treatment of adults with acquired thrombotic thrombocytopenic purpura (aTTP). In alignment with the FDA-approved indication, prior authorization criteria currently requires patients to be <math>\geq 18</math> years of age.</p> <p>Demographic and clinical features of aTTP are similar between children and adults, with similar pathophysiology. Attempts to enroll pediatric patients in clinical studies have proven unsuccessful.</p> <p>In 2020, the European Medicines Agency (EMA) approved a pediatric label extension based on pediatric modeling and simulation studies. Additional case studies in the literature have shown efficacy for the treatment of children (<math>&lt; 18</math> years) with aTTP, and pediatric use is supported by the 2023 guidelines from the British Society for Haematology.</p> <p>Due to clinical guideline support for pediatric use, the age limitation will be removed from criteria. Additionally, to ensure administration is following the FDA authorization, Navitus will be adding documentation requirements to the prior authorization criteria. For therapy initiation, documentation of one of the following will be required: (one) a plan to begin therapy inpatient in combination with <math>\geq 1</math> plasma exchange (PLEX) and immunosuppressive therapy or (two) therapy was previously initiated inpatient with caplacizumab in combination with PLEX and immunosuppressive therapy, with a therapy date from within the past 30 days. For continued therapy, documentation of low ADAMTS13 levels (<math>&lt; 10</math> IU/dL) is required. A date of last PLEX therapy (used in combination with caplacizumab and immunosuppressive therapy) within the past 45 days will also be required. Approval durations will continue to be 30 days for initial and 28 days for continuation.</p>

[Pharmacy resources](#) are available on the UCare Provider website.