

## Caplacizumab (CABLIVI) Criteria for Use October 2024

**VA Pharmacy Benefits Management Services and National Formulary Committee**

*The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.*

The Product Information should be consulted for detailed prescribing information.

See the VA National Formulary Committee Monograph on this drug at the [PBM INTRAnet](#) site for further information.

### Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive caplacizumab.

- Congenital Thrombotic Thrombocytopenic Purpura
- Concurrent antiplatelet agents or anticoagulants
- Active bleeding or history of bleeding disorder
- Platelet count greater than or equal to 100,000/uL
- Pregnancy
- Lactating

### Inclusion Criteria

ALL of the following criteria must be met:

- Acquired/Immune Thrombotic Thrombocytopenic Purpura (iTTP) along with plasma exchange and immunosuppression <sup>^1</sup>
- ADAMTS13 activity <10% or pending

1. Stop caplacizumab when ADAMTS13 activity is >10% on 2 consecutive weeks or >30% on one occasion

### Additional Inclusion Criteria

ALL of the following criteria must be met:

- Care is provided by a VA/VA Community Care hematology or oncology provider
- Goals of care have been discussed and documented in the electronic health record

### Other Justification