

Crizanlizumab



Included Products: Adakveo (crizanlizumab)

Nonformulary for outpatient benefit. PA required on medical benefit.

Created: 02/13/2020

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All Diagnoses

Initial Criteria		If yes	If no
1.	Is the member 16 years of age or older (verify FDA label has not changed) with a diagnosis of sickle cell disease (SCD)?	Continue to #2.	Do not approve.
2.	Is the prescriber a hematologist?	Continue to #3.	Do not approve.
3.	Has the member had ≥ 2 documented episodes of sickle cell crisis within the last 12 months? Sickle cell crisis defined as: an ED visit for SCD-related pain which was treated w/ parenterally administered narcotic or ketorolac, occurrence of chest syndrome, priapism, splenic sequestration.	Continue to #4.	Do not approve.
4.	Has the member had failure to control sickle cell crisis or hospitalizations for sickle cell pain with hydroxyurea?	Continue to #5.	Do not approve.
5.	Has the member tried and failed one of the following? a. OTC l-glutamine (such as GlutaSolve); OR b. Endari	Continue to #6.	Do not approve.
6.	Approve for 6 months.		

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Renewal Criteria		If yes	If no
1.	Is there clinical documentation indicating disease stability or improvement from baseline (e.g. decreased number of any of the following VOCs leading to a healthcare visit or treatment: acute episode of pain with no cause other than a vaso-occlusive event, acute chest syndrome, hepatic sequestration, splenic sequestration, priapism, etc)?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		