Prior Authorization Group Description	**Adakveo (crizanlizumab-tmca)**
Drugs	Adakveo (crizanlizumab-tmca)
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.
Exclusion Criteria	N/A
Required Medical Information	See "other criteria"
Age Restrictions	Member must be 16 years of age or older
Prescriber Restrictions	Prescriber must be a hematologist or sickle cell specialist
Coverage Duration	If the criteria are met, requests may be approved for 12 months.

Other Criteria
 	
Revision/Review Date: 7/2024
	Initial Authorization:
	• Member has a confirmed diagnosis of sickle cell disease
	• Documentation was provided that the member has had 2 or more pain crises in the last 12 months
	• Documentation was provided that the member has been taking hydroxyurea at the maximum tolerated dose and has been compliant within the last 6 months (or a medical reason was provided why the patient is unable to use hydroxyurea)
	• Documentation of the member's current weight
	• Request is for an FDA-approved dose
	
	Reauthorization:
	• Documentation has been submitted that the member has demonstrated or maintained ONE of the following changes from baseline:
	  o Reduction in pain crises
	  o Increased time between crises
	  o Decrease in days hospitalized
	• Documentation of the member's current weight
	• Request is for an FDA-approved dose
	
	Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.