

<b>Policy Name:</b>	<b>Adakveo (crizanlizumab)</b>	<b>Policy #:</b>	<b>2734P</b>
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## Purpose of the Policy

The purpose of this policy is to define the criteria for coverage of Adakveo.

## Statement of the Policy

Health Alliance Medical Plans will approve the use of Adakveo under the specialty medical benefit when the following criteria have been met.

## Criteria

### 1. Coverage Criteria

- 1.1 Diagnosis of sickle cell disease with at least one or more vaso-occlusive crises in the past 12 months
- 1.2 Age 16 years or older
- 1.3 Ordered by a hematologist (blood doctor)
- 1.4 Documentation of trial and failure with hydroxyurea or documented intolerance or contraindication to the use of hydroxyurea

### 2. Approval Period

- 2.1 Initial: 12 months
- 2.2 Reauthorization: 12 months with documentation of clinical benefit

## CPT Codes

## HCPCS Codes

J0791	Injection, crizanlizumab-tmca, 5 mg
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## References

1. Adakveo (crizanlizumab) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; June 2024.
2. Ataga KI, et al. Crizanlizumab for the prevention of pain crises in sickle cell disease. *N Engl J Med*. 2017;376(5):429-439.
3. Brandow AM, Carroll CP, Creary S, et al. *Blood Adv* (2020) 4 (12): 2656–2701. American Society of Hematology 2020 guidelines for sickle cell disease: management of acute and chronic pain.

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#### DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.