

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

## Adakveo (crizanlizumab)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Dosing Limit
Adakveo (crizanlizumab) 10 mg/ ml vial*	5 mg/ kg every 4 weeks

\*Initiation of therapy for Adakveo: May approve 5mg/kg at week 0 and week 2.

### APPROVAL CRITERIA

Requests for Adakveo (crizanlizumab) may be approved if the following criteria are met:

- I. Individual is 16 years of age or older; **AND**
- II. Individual has a diagnosis of sickle cell disease; **AND**
- III. Prior to initiation of Adakveo therapy, individual had at least two episodes of sickle cell related pain crises in the past 12 months; **AND**
- IV. Individual is not using in combination with voxelotor (Oxbryta).

Requests for Adakveo (crizanlizumab) may not be approved when the above criteria are not met and for all other indications.

### Key References:

1. Ataga KI, Kutlar A, Kanter J, et al. Crizanlizumab for the prevention of pain crises in sickle cell disease. *N Engl J Med.* 2017;376(5):429-439.
2. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
3. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: April 2, 2020.
4. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.

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New Program Date 02/24/2020

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.

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