

I-glutamine (ENDARI)

Diagnoses Considered for Coverage:
<ul style="list-style-type: none">• Sickle Cell Disease
Coverage Criteria:
For diagnosis above: <ul style="list-style-type: none">• Patient is at least 5 years old, and• Dose does not exceed 3 packets used twice per day, and• Inadequate response, intolerable side effect, or contraindication to hydroxyurea (Droxia, Siklos).
Coverage Duration: one year

Effective Date: 5/31/2023