

Crizanlizumab-tmca (Adakveo®)

Place of Service

Home Infusion Administration
Office Administration
Outpatient Facility Infusion Administration
Infusion Center Administration

HCPCS: J0791 per 5 mg

Condition(s) listed in policy (see criteria for details):

- [Sickle cell disease](#)

AHFS therapeutic class: Blood Formation, Coagulation, and Thrombosis Agents; Miscellaneous

Mechanism of action: P Selectin Blocker

(1) Special Instructions and Pertinent Information

Covered under the medical benefit, please submit clinical information for prior authorization review.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Crizanlizumab-tmca (Adakveo®) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Sickle cell disease

1. Patient is at least 16 years of age, AND
2. Inadequate response, intolerable side effect, or contraindication to hydroxyurea or being added on to existing hydroxyurea therapy

Covered Doses:

5 mg/kg IV at Week 0, Week 2, and every 4 weeks thereafter

Coverage Period

Indefinitely

ICD-10:

D57.0, D57.00, D57.01, D57.02, D57.1, D57.2, D57.20, D57.21, D57.211, D57.212, D57.219, D57.4, D57.40, D57.41, D57.411, D57.412, D57.419, D57.8, D57.80, D57.81, D57.811, D57.812, D57.819

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Crizanlizumab-tmca (Adakveo®) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s):

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

100 mg/10 mL (10 mg/mL) single-dose vial
PHP Medi-Cal

Crizanlizumab-tmca (Adakveo®)

(6) References

- Adakveo® (crizanlizumab-tmca) [Prescribing information]. East Hanover, NJ: Novartis; 9/2022.
- AHFS®. Available by subscription at <http://www.lexi.com>
- DeBaun MR, Jordan LC, King AA, Schatz J, Vichinsky E, Fox CK, McKinstry RC, Telfer P, Kraut MA, Daraz L, Kirkham FJ, Murad MH. American Society of Hematology 2020 guidelines for sickle cell disease: prevention, diagnosis, and treatment of cerebrovascular disease in children and adults. Blood Adv. 2020 Apr 28;4(8):1554-1588.
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- Yawn BP, Buchanan GR, Afenyi-Annan AN, et al. Management of sickle cell disease: summary of the 2014 evidence-based report by expert panel members. JAMA. 2014;312(10):1033-1048.

(7) Policy Update

Date of last review: 1Q2024

Date of next review: 1Q2025

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*