

crizanlizumab-tmca (Adakveo)

Commercial Medical Benefit Drug Policy

Place of Service

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

Drug Details

USP Category: GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

Mechanism of Action: P Selectin Blocker

HCPCS:

J0791:Injection, crizanlizumab-tmca, 5 mg

How Supplied:

100 mg (single-dose vial)

Condition(s) listed in policy *(see coverage criteria for details)*

- Sickle Cell Disease

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the Health and Safety Code section 1367.21 must be met.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

For billing purposes, drugs must be submitted with the drug's assigned HCPCS code (as listed in the drug policy) and the corresponding NDC (national drug code). An unlisted, unspecified, or miscellaneous code should not be used if there is a specific code assigned to the drug.

Coverage Criteria

The following condition(s) require Prior Authorization/Preservice.

Sickle Cell Disease

Meets medical necessity if all the following are met:

1. Age is consistent with the FDA-approved indication (16 years of age and older)
2. Inadequate response, intolerable side effect, or contraindication to hydroxyurea or being added on to existing hydroxyurea therapy

Covered Doses:

Not to exceed 5 mg/kg given intravenously at Week 0, Week 2, and every 4 weeks thereafter

Coverage Period:

Yearly, based on continued response to therapy

ICD-10:

D57.00, D57.01, D57.02, D57.1, D57.20, D57.211, D57.212, D57.219, D57.40, D57.411, D57.412, D57.419, D57.80, D57.811, D57.812, D57.819

References

1. Adakveo (crizanlizumab-tmca) Prescribing Information. Novartis, East Hanover, NJ: 6/2024.
2. AHFS. Available by subscription at <http://www.lexi.com>
3. 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.
4. DrugDex. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>

Review History

Date of Last Annual Review: 1Q2026

Changes from previous policy version:

- No clinical change following annual review.

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*