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

Initial 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. Documentation is provided that 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).

Continuation requests for Adakveo (crizanlizumab) may be approved if the following criterion is met:

I. Documentation is provided that individual experienced a reduction in acute complications of sickle cell disease (e.g. reduction in the number of vaso-occlusive episodes, acute chest syndrome episodes) since initiating Adakveo.

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.: 2022. 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 4, 2022.
4. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022; Updated periodically.