



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	December 2, 2019 October 13, 2021, January 24, 2024

## ADAKVEO® (crizanlizumab-tmca)

**LENGTH OF AUTHORIZATION:** 1 year

**INITIAL REVIEW CRITERIA:**

- Patient is 16 years of age or older.
- Patient must have a diagnosis of sickle cell disease.
- Prescribed by or in consultation with a hematologist, or other specialist with expertise in the diagnosis and management of sickle cell disease.
- Patient must have experienced at least one vaso-occlusive crisis within the past 12 months (documentation required).

**CONTINUATION OF THERAPY:**

- Patient met initial review criteria.
- Documentation of positive clinical response (i.e., reduction in blood transfusions, vaso-occlusive crisis, hospitalizations, etc.).
- Dosing is appropriate as per labeling or is supported by compendia or standard of care guidelines.

**DOSING AND ADMINISTRATION:**

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as 100mg/10ml single dose vial