

## Adakveo (crizanlizimab-tmca)

Drug names	<ul style="list-style-type: none"><li>Adakveo</li><li>Crizanlizimab-tmca</li></ul>						
Description	<p>Adakveo (crizanlizimab-tmca) is used in people 16 years of age and older who have sickle cell disease. It is used to help reduce how often certain episodes (crises) happen.</p> <p>It is administered by intravenous (IV) infusion.</p>						
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none"><li><a href="#">Commercial</a></li><li><a href="#">Government Programs</a></li><li><a href="#">Individual and Family Business (IFB)</a></li></ul>						
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>8.19.24</td><td>Rereview due to age.</td></tr><tr><td>1.19.24</td><td>Updated to new template.</td></tr></table>	Date	Description	8.19.24	Rereview due to age.	1.19.24	Updated to new template.
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>				
Dean (DHP, Prevea360)	<p>A Medical Injectable Policy, <i>Adakveo (crizanlizimab-tmca)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• <b>Requires prior authorization through the Plan Pharmacy Services.</b> See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If approved, quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul>				
Mayo Medical Plan (MMP)	<p>Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</p>				
Medica (including MHPS)	<p>A Pharmacy Clinical Guideline, <i>Adakveo (crizanlizimab-tmca)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• <b>Requires prior authorization through the injectable drug Pharmacy Benefit Manager (PBM).</b> See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li><li>– <b>ER or inpatient hospital POS:</b> PA is not required.</li><li>– <b>Providers:</b> Certain providers are excluded. See <a href="#">Injectable Drug Prior Authorization</a>.</li></ul></li><li>• If approved, quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul>				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC),  Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups</a>:</p> <ul style="list-style-type: none"><li>• See <a href="#">Medicaid</a> below.</li></ul> <p><a href="#">Medicare eligible groups</a>:</p> <ul style="list-style-type: none"><li>• Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li><li>• Follows Medicare guidelines.</li><li>• Medicare is the primary payer.</li><li>• If no Medicare eligibility, Medicaid applies. See <a href="#">Medicaid</a> below.</li></ul>				
AccessAbility Enhanced (I-SNBC),  DUAL (MSHO)	<p>A Pharmacy Clinical Guideline, <i>Adakveo (crizanlizimab-tmca)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• <b>Requires prior authorization through the injectable drug Pharmacy Benefit Manager (PBM).</b> See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li><li>– <b>ER or inpatient POS:</b> PA is not required.</li><li>– <b>Providers:</b> Certain providers are excluded. See <a href="#">Injectable Drug Prior Authorization</a>.</li></ul></li><li>• If approved, quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li><li>• Medica is the only payer.</li></ul>				
Cost (Prime)	<p>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.</p> <ul style="list-style-type: none"><li>• <b>Drug administration:</b> Quote office visit or <a href="#">Home IV Therapy</a> benefits.</li><li>• <b>Injection (J-code):</b> Quote <i>Part B Prescription Drugs</i> in the EOC.</li><li>• Follows Medicare guidelines.</li></ul>				
Med Advantage	<p>A Pharmacy Clinical Guideline, <i>Adakveo (crizanlizimab-tmca)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• <b>Requires prior authorization through the injectable drug Pharmacy Benefit Manager (PBM).</b> See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li><li>– <b>ER or inpatient POS:</b> PA is not required.</li><li>– <b>Providers:</b> Certain providers are excluded. See <a href="#">Injectable Drug Prior Authorization</a>.</li></ul></li><li>• Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.<ul style="list-style-type: none"><li>– <b>Drug administration:</b> Quote office visit or <a href="#">Home IV Therapy</a> benefits.</li><li>– <b>Injection (J-code):</b> Quote <i>Part B Prescription Drugs</i> in the EOC.</li></ul></li><li>• Follows Medicare guidelines.</li><li>• Medica is the only payer.</li></ul>				
Med Supp (Select, Signature)	<p>Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</p> <ul style="list-style-type: none"><li>• Follows Medicare guidelines.</li><li>• Medicare supplement.</li><li>• Medicare is the primary payer.</li></ul>				
Medicaid	<p>A Pharmacy Clinical Guideline, <i>Adakveo (crizanlizimab-tmca)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• <b>Requires prior authorization through the injectable drug Pharmacy Benefit Manager (PBM).</b> See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li><li>– <b>ER or inpatient hospital POS:</b> PA is not required.</li><li>– <b>Providers:</b> Certain providers are excluded. See <a href="#">Injectable Drug Prior Authorization</a>.</li></ul></li><li>• If approved, quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul>				
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## Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>				
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>A Medical Injectable Policy, <i>Adakveo (crizanlizimab-tmca)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• <b>Requires prior authorization through the Plan Pharmacy Services.</b> See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If approved, quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul>				
Medica	<p>A Pharmacy Clinical Guideline, <i>Adakveo (crizanlizimab-tmca)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• <b>Requires prior authorization through the injectable drug Pharmacy Benefit Manager (PBM).</b> See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li><li>– <b>ER or inpatient hospital POS:</b> PA is not required.</li><li>– <b>Providers:</b> Certain providers are excluded. See <a href="#">Injectable Drug Prior Authorization</a>.</li></ul></li><li>• If approved, quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul>				
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