

POLICY NAME	Adakveo (crizanlizumab)	POLICY #	2734P
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Criteria

Coverage Criteria

- ☐ **1.1** Diagnosis of sickle cell disease with at least one or more vaso-occlusive crises in the past 12 months
- ☐ **1.2** Age 16 years or older
- ☐ **1.3** Ordered by a hematologist (blood doctor)
- ☐ **1.4** Documentation of trial and failure with hydroxyurea or documented intolerance or contraindication to the use of hydroxyurea