

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