

PA Criteria	Criteria Details						
<b>Covered Uses (FDA approved indication)</b>	Adakveo is a selectin blocker indicated to reduce the frequency of vaso-occlusive crises in adults and pediatric patients 16 years of age and older with sickle cell disease (SCD).						
<b>Exclusion Criteria</b>	None.						
<b>Required Medical Information</b>	Medical records supporting the request must be provided.						
<b>Other Criteria</b>	Must first try hydroxyurea for six months or have an intolerance or contraindication.						
<b>Age Restriction</b>	None.						
<b>Prescriber Restrictions</b>	None.						
<b>Coverage Duration</b>	Two years. Dose will be approved according to the FDA-approved labeling or within accepted standards of medical practice.						
<b>Other Criteria/Information</b>	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="496 932 1511 1077"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J0791</td> <td>Adakveo (crizanlizumab)</td> <td><b>Billing unit: 5 mg</b>  100 mg/10 mL SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J0791	Adakveo (crizanlizumab)	<b>Billing unit: 5 mg</b>  100 mg/10 mL SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025