Mass General Brigham
Health Plan

Adakveo (crizanlizumab-tcma)
Effective 06/01/2020

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview

Crizanlizumab is a humanized IgG_2 kappa monoclonal antibody which binds to P-selectin and blocks interaction with ligands, including P-selectin glycoprotein ligand 1. Translocation of P-selectin to the activated endothelial cell surface results in adhesion of sickle erythrocytes to vessels and the development of vascular occlusion. By binding to P-selectin, crizanlizumab inhibits interactions between endothelial cells, platelets, red blood cells, and leukocytes, which may result in decreased platelet aggregation, maintenance of blood flow, and minimized sickle cell-related pain crises.

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with Adakveo, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted if the member meets all following criteria and documentation has been submitted:

1. The member is using Adakveo to reduce the frequency of vaso-occulusive crises (VOC) with sickle cell disease
2. The member age is ≥ 16 years
3. The prescriber specialty is a hematologist or medication is being used in consultation with a hematologist.
4. The member has experienced two or more sickle cell crises in the previous 12 months
5. The member has had inadequate response to hydroxyurea at maximally tolerated dose for at least 3 months **OR** had an adverse reaction or contraindication to hydroxyurea

Continuation of Therapy

Reauthorization may be granted for members who have met the initial criteria and the physician has submitted clinical documentation of clinical response as evidenced (e.g., decrease in VOCs, reduction in need for pain management, decrease in hospitalizations).

Limitations

1. Initial approvals will be granted for 6 months
2. Reauthorization may be granted for 12 months

References

1. Adakveo (crizanlizumab) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; November 2019.

2. Hydrea (hydroxyurea) [prescribing information]. Princeton, NJ: Bristol-Myers Squibb Company; December 2019

Review History

03/18/2020 – Created and Reviewed P&T Mtg. Effective 6/1/20
11/16/2022 – Reviewed for Nov P&T. Separated out MH vs Comm/Exch. No clinical changes.