Sickle Cell Anemia Drugs

Goal(s):

- Approve the use of drugs for sickle cell disease for medically appropriate.

Length of Authorization:

- Up to 12 months

Requires PA:

- Non-preferred drugs or non-preferred formulations (pharmacy administered claims)
- Crizanlizumab (pharmacy or provider administered claims)

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is this an FDA-approved indication?	**Yes**: Go to #3	**No:** Pass to RPh. Deny; medical appropriateness
3. Is this a renewal request for voxelotor, crizanlizumab or l-glutamine (ENDARI)?	**Yes:** Go to renewal criteria below.	**No:** Go to #4
4. Will the prescriber consider a change to a preferred product? Message: • Preferred products/formulations do not require PA. • Preferred products are reviewed for comparative effectiveness and safety by the Oregon Pharmacy & Therapeutics Committee.	**Yes:** Inform prescriber of covered alternatives in class.	**No:** Go to #5
5. Has the patient received a 3-month trial of hydroxyurea at stable doses or have contraindications to hydroxyurea?	**Yes:** Go to #6	**No:** Pass to RPh. Deny; Recommend trial of hydroxyurea (stable dose for 3 months)
6. Is the request for voxelotor and the patient is 4 years or older?	**Yes:** Go to #7	**No:** Go to #8
7. Does the patient have a hemoglobin level of 10.5 g/dL or less?	**Yes:** Approve for up to 6 months. Record baseline hemoglobin value.	**No:** Pass to RPh. Deny; medical appropriateness

Approval Criteria		
8. Is the request for crizanlizumab and the patient is 16 years or older?	**Yes:** Go to #9	**No:** Go to #10
9. Has the patient had at least 2 pain crises in the last 12 months?	**Yes:** Approve for up to 12 months	**No:** Pass to RPh. Deny; medical appropriateness
10. Is the request for L-glutamine (ENDARI) and the patient is 5 years or older?	**Yes:** Go to #11	**No:** Pass to RPh. Deny; medical appropriateness
11. Has the patient had at least 2 pain crises in the last 12 months?	**Yes:** Approve for up to 12 months	**No:** Pass to RPh. Deny; medical appropriateness

Renewal Criteria		
1. Is the request for a first renewal of voxelotor?	**Yes**: Go to #2	**No:** Go to #4
2. Has the patient had an increase in hemoglobin from baseline hemoglobin level since starting voxelotor?	**Yes:** Approve for up to 12 months.	**No:** Go to #3
3. Is the request for subsequent renewals (renewals beyond the first year) of voxelotor and the patient has stable hemoglobin levels?	**Yes:** Approve for up to 12 months.	**No:** Pass to RPh. Deny; medical appropriateness.
4. Is the request for a renewal of crizanlizumab?	**Yes**: Go to #5	**No:** Go to #6
5. Has the patient demonstrated improvements in pain symptoms from baseline since starting crizanlizumab treatment?	**Yes:** Approve for up to 12 months.	**No:** Pass to RPh. Deny; medical appropriateness.
6. Is the request for a renewal of L-glutamine (ENDARI)?	**Yes:** Go to #7	**No:** See above for initial approval criteria.
7. Has the patient demonstrated improvements in pain symptoms from baseline since starting L-glutamine treatment?	**Yes:** Approve for up to 12 months.	**No:** Pass to RPh. Deny; medical appropriateness.