

Sickle Cell Anemia Drugs

Goal(s):

- Approve the use of drugs for sickle cell disease for medically appropriate indications funded by the OHP.

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 the diagnosis funded by OHP?	Yes: Go to #4	No: Pass to RPh. Deny; not funded by the OHP.
4. Is this a renewal request for voxelotor, crizanlizumab or l-glutamine (ENDARI)?	Yes: Go to renewal criteria below.	No: Go to #5
5. Will the prescriber consider a change to a preferred product? Message: <ul style="list-style-type: none"> • 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 #6
6. Has the patient received a 3-month trial of hydroxyurea at stable doses or have contraindications to hydroxyurea?	Yes: Go to #7	No: Pass to RPh. Deny; Recommend trial of hydroxyurea (stable dose for 3 months)
7. Is the request for voxelotor and the patient is 4 years or older?	Yes: Go to #8	No: Go to #9

Approval Criteria		
8. 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
9. Is the request for crizanlizumab and the patient is 16 years or older?	Yes: Go to #10	No: Go to #11
10. 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
11. Is the request for L-glutamine (ENDARI) and the patient is 5 years or older?	Yes: Go to #12	No: Pass to RPh. Deny; medical appropriateness
12. 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.