



## PREFERRED STEP THERAPY POLICY

- POLICY:** Sickle Cell Disease – Hydroxyurea Products Preferred Step Therapy Policy
- Droxia® (hydroxyurea capsules – Bristol-Myers Squibb)
  - Siklos® (hydroxyurea tablets – Medunik)

**REVIEW DATE:** 09/24/2025

### **INSTRUCTIONS FOR USE**

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

### **CIGNA NATIONAL FORMULARY COVERAGE:**

#### **OVERVIEW**

Both Droxia and Siklos are indicated **in patients with sickle cell anemia** with recurrent moderate to severe painful crises for the following uses:<sup>1,2</sup>

- **Reduce the frequency of painful crises.**
- **Reduce the need for blood transfusions.**

Siklos is indicated for use in adults and pediatric patients  $\geq 2$  years of age. The safety and effectiveness of Droxia in pediatric patients have not been established, but the National Institutes of Health – National Heart, Lung, and Blood Institute Evidence-Based Management of Sickle Cell Disease, Expert Panel Report (2014) recommends hydroxyurea for use in pediatric patients and adults.<sup>3</sup>

Droxia capsules should be swallowed whole; patients should not open, break, or chew the capsules.<sup>1</sup> Droxia is available as 200 mg, 300 mg, and 400 mg capsules. Siklos tablets can be swallowed whole or dispersed (immediately before use) in a small quantity of water in a teaspoon.<sup>2</sup> Siklos is available as 100 mg and 1,000 mg functionally scored tablets. The 100 mg tablets can be split into two parts (each part is 50 mg). The 1,000 mg tablets have three score lines and can be split into four parts (each part is 250 mg). The two tablet strengths can be used to deliver doses of 50 mg, 100 mg, 250 mg, 500 mg, 750 mg, and 1,000 mg and combinations thereof. Both Droxia and Siklos are cytotoxic medications and caregivers/patients should follow applicable special handling and disposal procedures. Avoid exposure to crushed tablets/capsules.

## **Guidelines**

The National Institutes of Health – National Heart, Lung, and Blood Institute issued the Evidence-Based Management of Sickle Cell Disease, Expert Panel Report in 2014.<sup>3</sup> The report notes that there are only two currently proven disease-modifying treatments for patients with sickle cell disease: hydroxyurea and chronic blood transfusions. Hydroxyurea therapy is recommended in adults and children with sickle cell disease to reduce sickle cell disease-related complications. Clinical response to hydroxyurea therapy may take 3 to 6 months; a 6-month trial on the maximum tolerated dose is required prior to considering discontinuation due to treatment failure. Long-term hydroxyurea therapy is indicated in patients with clinical response.

## **POLICY STATEMENT**

This program has been developed to encourage the use of a Step 1 Product prior to the use of a Step 2 Product. If the Preferred Step Therapy rule is not met for a Step 2 Product at the point of service, coverage will be determined by the Preferred Step Therapy criteria below. All approvals are provided for 1 year in duration.

**Step 1:** Droxia

**Step 2:** Siklos

***Sickle Cell Disease – Hydroxyurea Products Preferred Step Therapy Policy product(s) is(are) covered as medically necessary when the following preferred step therapy criteria is(are) met. Any other exception is considered not medically necessary.***

## **CRITERIA**

- 1.** If the patient has tried one Step 1 Product, approve a Step 2 Product.
- 2.** If the patient requires the Siklos 100 mg or 1,000 mg tablets to achieve a dosage that cannot be achieved with the available strengths of Droxia, approve Siklos.

3. If the patient cannot swallow or has difficulty swallowing Droxia capsules, approve Siklos.

## REFERENCES

1. Droxia® capsules [prescribing information]. Princeton, NJ: Bristol-Myers Squibb; September 2021.
2. Siklos® tablets [prescribing information]. Bryn Mawr, PA: Medunik; November 2023.
3. The National Institutes of Health – National Heart, Lung, and Blood Institute Evidence-Based Management of Sickle Cell Disease, Expert Panel Report 2014. Available at: [https://www.nhlbi.nih.gov/sites/default/files/media/docs/sickle-cell-disease-report%2020816\\_0.pdf](https://www.nhlbi.nih.gov/sites/default/files/media/docs/sickle-cell-disease-report%2020816_0.pdf). Accessed on September 8, 2025.

## HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	09/06/2023
Annual Revision	No criteria changes.	09/11/2024
Annual Revision	No criteria changes.	09/24/2025

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