Drug Coverage Policy

Effective Date……4/15/2026
Coverage Policy Number ……IP0120
Policy Title…… Adakveo

Sickle Cell Disease – Adakveo

- Adakveo® (crizanlizumab-tmca intravenous infusion– Novartis)

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.

OVERVIEW
Adakveo, a monoclonal antibody, is indicated to **reduce the frequency of vasoocclusive crises** due to **sickle cell disease** in patients ≥ 16 years of age.[1]

Clinical Efficacy

All of the patients included in the 52-week pivotal study (SUSTAIN) had a history of two to ten vasoocclusive crises in the previous 12 months.[2] Concomitant use of hydroxyurea was allowed during the study and approximately 60% of patients were on concomitant hydroxyurea therapy. At Week 52, compared with placebo, the annual rate of pain crises was significantly lower and the time to first and second sickle cell-related pain crises was significantly delayed in the Adakveo group. In addition, treatment with Adakveo decreased the annual rate of hospitalized days, compared with placebo.

Dosing Information
Adakveo is given by intravenous infusion over a period of 30 minutes at Week 0, Week 2, and every 4 weeks thereafter; the dose is 5 mg/kg.[1]

Guidelines/Recommendations
Hydroxyurea is the cornerstone of therapeutic management of sickle cell disease.[3] Hydroxyurea significantly reduces vasoocclusive crises, acute chest syndrome, and the need for blood transfusions; all of which results in lower morbidity and mortality rates. Hydroxyurea is the cornerstone of therapeutic management of sickle cell disease.[3] Hydroxyurea significantly reduces vasoocclusive crises, acute chest syndrome, and the need for blood transfusions; all of which results in lower morbidity and mortality rates. The National Heart Lung and Blood Institute on Sickle Cell Disease notes hydroxyurea as the first-line therapy to prevent sickling and reduce complications.[4] However, hydroxyurea should not be used in some patients: e.g., hydroxyurea may cause severe myelosuppression and should not be given to patients with depressed bone marrow function (Boxed Warning)[5-7]; hydroxyurea can cause fetal harm when administered to a pregnant woman and females and males of reproductive potential should use effective contraception during and after treatment with hydroxyurea for at least 6 months of therapy (female) or least 1 year after therapy (male). Adakveo is noted as an agent that helps prevent pain crises, lowers the need for transfusions, and calms inflammation.

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POLICY STATEMENT
Prior Authorization is required for benefit coverage of Adakveo. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Adakveo as well as the monitoring required for adverse events and long-term efficacy, approval requires Adakveo to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Adakveo is considered medically necessary when the following criteria are met:

FDA-Approved Indication

1. **Sickle Cell Disease.** Approve for 1 year if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve if the patient meets ALL of the following (i, ii, iii, and iv):
     - **i.** Patient is ≥ 16 years of age; AND
     - **ii.** Patient has had at least one sickle cell-related crisis in the previous 12-month period; AND
     - **iii.** Patient meets ONE of the following (a, b, or c):
       - **a)** Patient is currently receiving a hydroxyurea product; OR

b) According to the prescriber, patient has tried a hydroxyurea product and has experienced inadequate efficacy or significant intolerance; OR

c) According to the prescriber, patient is not a candidate for hydroxyurea therapy; AND
Note: Examples of patients who are not candidates for hydroxyurea therapy include patients who are pregnant or who are planning to become pregnant and patients with an immunosuppressive condition (such as cancer).

iv. The medication is prescribed by or in consultation with a physician who specializes in sickle cell disease (e.g., a hematologist); OR

B) Patient is Currently Receiving Adakveo. Approve if the patient meets ALL of the following (i, ii, and iii):

i. Patient is ≥ 16 years of age; AND

ii. According to the prescriber, patient is receiving clinical benefit from Adakveo therapy; AND
Note: Examples of clinical benefit include reduction in the number of vasoocclusive crises/sickle cell-related crises; delay in time to sickle cell-related crises; and reduction in the number of days in the hospital.

iii. The medication is prescribed by or in consultation with a physician who specializes in sickle cell disease (e.g., a hematologist).

Dosing. Approve the following dosing regimens (A and B):

A) Up to 5 mg/kg given by intravenous infusion at Weeks 0 and 2; AND

B) Up to 5 mg/kg given by intravenous infusion for up to once every 4 weeks.

Conditions Not Covered

Adakveo for any other use is considered not medically necessary. Criteria will be updated as new published data are available.

Coding Information

Note: 1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

HCPCS Codes	Description
J0791	Injection, crizanlizumab-tmca, 5 mg

References

1. Adakveo® intravenous infusion [prescribing information]. East Hanover, NJ: Novartis; June 2024.
2. Ataga KI, Kutlar J, Kanter K, et al. Crizanlizumab for the prevention of pain crises in sickle cell disease. *N Engl J Med*. 2017;376(5):429-439.
3. López Rubio M and Argüello Marina M. The current role of hydroxyurea in the treatment of sickle cell anemia. *J Clin Med*. 2024;13(21)L6404.
4. National Heart, Lung, and Blood Institute – Sickle Cell Disease. Available at: https://www.nhlbi.nih.gov/health/sickle-cell-disease/treatment. Accessed on January 21, 2026.
5. Droxia® capsules [prescribing information]. Princeton, NJ: Bristol-Myers Squibb; July 2021.

6. Siklos® tablets [prescribing information]. Bryn Mawr, PA: Medunik; November 2023.
7. Xromi oral solution [prescribing information]. Franklin, TN: Rare Disease Therapeutics; April 2024.

Revision Details

Type of Revision	Summary of Changes	Date
Annual Revision	**Policy Name Change: Updated** Policy Name from "Crizanlizumab-tmca" to "Sickle Cell Disease – Adakveo." **Initial Therapy: Replaced** the requirement "vaso-occlusive crisis (VOC)" in the previous 12-month period" with "sickle cell-related crisis". **Added** a note detailing examples of patients ineligible for hydroxyurea therapy. **Patient is Currently Receiving Adakveo: Added** note with examples of clinical benefit. **Conditions Not Covered: Removed** "Concomitant Oxbryta Therapy."	08/01/2024
Annual Revision	No criteria changes.	4/15/2025
Annual Revision	No criteria changes.	4/15/2026

The policy effective date is in force until updated or retired.