



## MVP Health Care Medical Policy

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### Medicare Part B: Adakveo

<b>Type of Policy:</b>	Drug Therapy
<b>Prior Approval Date:</b>	NA
<b>Approval Date:</b>	07/01/2025
<b>Effective Date:</b>	09/01/2025
<b>Related Policies:</b>	N/A

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Refer to the MVP Medicare website for the Medicare Part D formulary and Part D policies.

Refer to relevant CMS LCDs/NCDs/Policy Articles for most up to date Medicare Part B guidance if available..

### Codes Requiring Prior Authorization (covered under the medical benefit)

J0791- Injection, crizanlizumab-tmca, 5mg (Adakveo)

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### Overview

Red blood cells are normally round and flexible being able to move through the blood vessels with ease. In sickle cell anemia, the red blood cells are rigid and "sticky" taking on the shape of sickles or crescent moons. The red blood cells can cluster together creating blockages throughout the body making blood flow difficult. The blockages can create "vaso-occlusive crises" which are intense episodes of pain.

Adakveo (crizanlizumab-tmca) is indicated to reduce the frequency of vaso-occlusive crises in adults and pediatric members aged 16 years and older with sickle cell disease. Adakveo is a humanized IgG2 kappa monoclonal antibody which inhibits sickled red blood cells from adhering together to create blockages by binding to P-selectin and preventing interaction with P-selectin glycoprotein ligand 1.

Adakveo is administered by intravenous infusion at week 0, week 2 and every 4 weeks thereafter.

## Indications/Criteria

Adakveo may be considered for coverage when all the following criteria are met:

- Chart notes confirming the diagnosis of sickle cell disease.
- Member is at least 16 years of age or older.
- Chart notes documenting baseline vaso-occlusive crises (number of crises within the past one year)
- Chart notes documenting (or documentation of) failure, intolerance, or contraindication to hydroxyurea therapy.

## Initial approval will be for 6 months

**Extension requests will be up to one year.** Extension requests require current chart notes documenting improved member status and a decrease in baseline vaso-occlusive crises.

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## Exclusions

1. Indication, age, dose, frequency of dosing, and/or duration of therapy outside of FDA approved package labeling.

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## References

1. Adakveo. Prescribing Information. East Hanover, NJ. Novartis Pharmaceuticals Corporation. Revised 06/2024.  
<https://www.novartis.us/sites/www.novartis.us/files/adakveo.pdf>
2. Sickle cell anemia. Mayo Clinic. Available at: <https://www.mayoclinic.org/diseases-conditions/sickle-cell-anemia/symptoms-causes/syc-20355876>
3. New York State Fee-For-Service Policy and Billing Guidance for Adakveo: New Coverage Criteria and "J" Code. [New York State Medicaid Update - May 2020 Volume 36 - Number 10 \(ny.gov\)](#)
4. Study of Dose Confirmation and Safety of Crizanlizumab in Pediatric Sickle Cell Disease Patients. Clinicaltrials.gov. Available at: <https://clinicaltrials.gov/ct2/show/NCT03474965?term=crizanlizumab&draw=2&rank=1>. Last Updated 10/23/2024