



## MEMORANDUM

**TO:** Medicaid Providers

**FROM:** El Paso Health

**DATE:** 10/26/2022

**RE:** Prior Authorization Update Criteria for Adakveo (J0791) eff 12/01/2022

HHSC updated the clinical policy and prior authorization criteria for Adakveo (Crizanlizumab-tmca). The following statement has been removed from the clinical policy and initial prior authorization request:

- The client will not receive Adakveo (Crizanlizumab-tmca) therapy concomitantly with voxelotor (Oxbryta)

The following statement has been removed from the clinical policy and renewal/continuation authorization requirements:

- The client will not receive Adakveo (Crizanlizumab-tmca) therapy concomitantly with Oxbryta (Voxelotor)

The following are prior authorization requirements for Adakveo (crizanlizumab-tmca) for the reduction the frequency of vaso-occlusive crises in clients with sickle cell disease.

Initial Requests - Initial therapy for Adakveo (crizanlizumab-tmca) may be approved for a 12-month duration if all of the following criteria are met:

- Client must be 16 years of age or older
- Client has a diagnosis of sickle cell disease of any genotype
- Client has experienced two or more vaso-occlusive events in the past 12 months

Renewal or Continuation Therapy - For renewal or continuation therapy, the client must meet all of the following requirements:

- Client continues to meet the following initial approval criteria:
  - § Client must be 16 years of age or older
  - § Client has a diagnosis of sickle cell disease of any genotype
- Client experienced positive clinical response to therapy as demonstrated by reduced frequency of vaso-occlusive crisis
- Client has previously received treatment with Adakveo (crizanlizumab-tmca) without complications

Refer to the Outpatient Drug Services Handbook Chapter of the Texas Medicaid Provider Procedure Manual (TMPPM) for more details on the clinical policy and prior authorization requirements.



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Additional Information: HHSC approved this updated clinical prior authorization for use by MCOs..

**If you have questions regarding the correspondence please contact our Provider Relations Department at 915-532-3778 or email [ProviderServicesDG@elpasohelath.com](mailto:ProviderServicesDG@elpasohelath.com) .**