

MEDICAL REVIEW GUIDELINE

Crizanlizumab-tmca Diagnosis Specific Policy



Adakveo (crizanlizumab-tmca)

Effective Date: 05/01/2026

Medical Care Management Committee Approval: 02/19/2026

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Coverage Policy

This Medical Review Guideline (Guideline) is provided for informational purposes only and does not constitute medical advice. It is intended solely for the use of Community Health Choice, Inc. (Community) clinical staff as a guideline for use in determining medical necessity of requested procedures, medications and therapy. This Guideline does not address eligibility or benefit coverage. Other Policies and Coverage Determination Guidelines may apply. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this Medical Review Guideline. If there is a discrepancy between this Guideline and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern. Community reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

This policy applies to the following Adakveo (crizanlizumab-tmca) product:

HCPCS Code	Description	Maximum Dosage per Administration
J0791	Injection, Adakveo (crizanlizumab-tmca), 5 mg	5 mg/kg

Diagnosis-Specific Criteria

Adakveo (crizanlizumab-tmca) will be considered medically necessary and authorized for up to 12 months for members meeting ALL of the following criteria:

1. Age 16 years and older
2. Prescribed by or in consultation with a hematologist or other specialist with expertise in managing sickle cell disease
3. Diagnosis of sickle cell disease: HbSS, HbSC, HbS beta⁰- thalassemia, HbS beta⁺- thalassemia
4. Member has documentation of 2 or more vasoocclusive crises in the past 12 months
5. Member has had a trial of hydroxyurea for at least 6 months, or has a documented contraindication or intolerance to hydroxyurea

Continuation Criteria

1. Member has been previously approved by Community Health Choice based on above criteria, or member meets all of the initial request criteria; AND
2. Documentation of reduction in sickle cell-related vasoocclusive crises since starting therapy

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Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive.

HCPCS Code	Description
J0791	Injection, Adakveo (crizanlizumab-tmca), 5 mg

Diagnosis Code	Description
D57.00	Hb-SS disease with crisis unspecified
D57.01	Hb-SS disease with acute chest syndrome
D57.02	Hb-SS disease with splenic sequestration
D57.03	Hb-SS disease with cerebral vascular involvement
D57.04	Hb-SS disease with crisis with other specified complication
D57.09	Hb-SS disease with crisis with other specified complication
D57.1	Sickle-cell disease without crisis
D57.20	Sickle-cell/Hb-C disease without crisis
D57.211	Sickle-cell/Hb-C disease with acute chest syndrome
D57.212	Sickle-cell/Hb-C disease with splenic sequestration
D57.213	Sickle-cell/Hb-C disease with cerebral vascular involvement
D57.214	Sickle-cell/Hb-C disease with crisis with other specified complication
D57.218	Sickle-cell/Hb-C disease with crisis with other specified complication
D57.219	Sickle-cell/Hb-C disease with crisis unspecified
D57.3	Sickle-cell trait
D57.40	Sickle-cell thalassemia without crisis
D57.411	Sickle-cell thalassemia with acute chest syndrome
D57.412	Sickle-cell thalassemia with splenic sequestration
D57.413	Sickle-cell thalassemia, unspecified, with cerebral vascular involvement
D57.414	Sickle-cell thalassemia, unspecified, with crisis with other specified complication
D57.418	Sickle-cell thalassemia, unspecified, with crisis with other specified complication
D57.419	Sickle-cell thalassemia with crisis unspecified
D47.42	Sickle-cell thalassemia beta zero without crisis
D57.431	Sickle-cell thalassemia beta zero with acute chest syndrome
D57.432	Sickle-cell thalassemia beta zero with splenic sequestration
D57.433	Sickle-cell thalassemia beta zero with cerebral vascular involvement
D57.434	Sickle-cell thalassemia beta zero with crisis with other specified complication
D57.438	Sickle-cell thalassemia beta zero with crisis with other specified complication
D57.439	Sickle-cell thalassemia beta zero with crisis unspecified
D57.44	Sickle-cell thalassemia beta plus without crisis
D57.451	Sickle-cell thalassemia beta plus with acute chest syndrome
D57.452	Sickle-cell thalassemia beta plus with splenic sequestration
D57.453	Sickle-cell thalassemia beta plus with cerebral vascular involvement
D57.454	Sickle-cell thalassemia beta plus with crisis with other specified complication
D57.458	Sickle-cell thalassemia beta plus with crisis with other specified complication
D57.459	Sickle-cell thalassemia beta plus with crisis unspecified
D57.80	Other sickle-cell disorders without crisis

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D57.811	Other sickle-cell disorders with acute chest syndrome
D57.812	Other sickle-cell disorders with splenic sequestration
D57.813	Other sickle-cell disorders with cerebral vascular involvement
D57.814	Other sickle-cell disorders with crisis with other specified complication
D57.819	Other sickle-cell disorders with crisis, unspecified

Policy Revision History

Status	Effective Date	Description
Baseline	05/01/2026	Initial version of Crizanlizumab-Tmca diagnosis specific policy