

Prior Authorization (PA) Form Sickle Cell Disease Drugs

Virginia | HealthKeepers, Inc. | Anthem HealthKeepers Plus Medicaid products

If the following information is not complete, correct, or legible, the PA process can be delayed. Please use one form per member.

Preferred drugs Droxia[®], Endari[®], and Siklos[®] (if age 2 to 17) do not require a PA.

Member information

Last name:	
First name:	
Medicaid ID number:	
Date of birth:	
Weight in kilograms:	

Prescriber information

Last name:	
First name:	
NPI number:	
Phone number:	
Fax number:	

Drug information

Drug name/form:	<input type="checkbox"/> Adakveo [®] <input type="checkbox"/> Siklos [®] (if greater than 18 years of age) <input type="checkbox"/> glutamine powder packet
Strength:	
Dosing frequency:	
Length of therapy:	
Quantity per day:	

Diagnosis and medical information

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For initial approval, complete the following questions to receive a six-month approval:

1. Is the drug being prescribed by or in consultation with an oncologist, hematologist, or sickle cell specialist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the member have a diagnosis of sickle cell disease presenting as one of following: HbSS, HbSC, HbSβ ^o -thalassemia, or HbSβ? AND	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the medication/dose proper for the member's age or other conditions affecting the dose, according to the FDA-approved product package insert?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For Adakveo®:	
4. Has the member had an insufficient response to a minimum three-month trial of hydroxyurea (unless contraindicated or intolerant)? and	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has the member experienced two or more vaso-occlusive crises (VOC) in the previous year despite hydroxyurea therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For Siklos® (hydroxyurea):	
6. Is the member 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is the brand Siklos® medically necessary? If yes, please provide explanation below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	
For Xromi (hydroxyurea solution):	
8. Is the member 2 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is the Xromi solution medically necessary? If yes, please provide explanation below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	
For generic glutamine powder packet:	

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10. Has the member had an insufficient response to a minimum three-month trial of brand name Endari®?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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For renewal, complete the following questions to receive a 12-month approval:

1. Does the member continue to meet the above criteria? AND	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Does the member have disease response improvement with treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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For Adakveo®:

3. Is the member's response to pre-treatment baseline evidenced by a decrease in the frequency of vaso-occlusive crises (VOC) necessitating treatment, reduction in number or duration of hospitalizations, and/or reduction in severity of VOC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Prescriber signature (required):	
Date:	

By signature, the physician confirms the above information is accurate and verifiable by member records.

Please include all requested information; incomplete forms will delay the PA process.

Submission of documentation does not guarantee coverage. The completed form may be faxed to 844-512-7020.

If you have any questions about this communication, call Anthem HealthKeepers Plus Provider Services at 800-901-0020.