

# Crizanlizumab

## Adjudication Guideline

**Rule Category:**  
Pharmaceutical

**Ref: No:**  
2022-PH-18

**Version Control:**  
Version No.3

**Effective Date:**  
30/01/2023

**Revision Date:**  
26/11/2025

**Approved by:**  
Daman

**Responsible:**  
Pharmaceutical  
Standards & Governance

**Related Adjudication  
Guidelines:**N/A

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## 1. Abstract

### 1.1 For Members

Crizanlizumab is categorized under monoclonal antibodies and is used to prevent recurrent painful crises in adults with sickle cell disease.

### 1.2 For Medical Professionals

Crizanlizumab selectin blocker indicated to reduce the frequency of Vaso occlusive crises in adults and pediatric patients aged 16 years and older with sickle cell disease.

## 2. Scope

This adjudication rule aims to highlight the medical necessity and coverage details of Crizanlizumab for all health insurance plans administered by Daman.

## 3. Adjudication Policy

### 3.1 Eligibility / Coverage Criteria

- Crizanlizumab is indicated for patients diagnosed with Sickle Cell Disease when meeting the following criteria:
  - Patient must have had at least one attack of vaso-occlusive crisis within the past year.
  - Patient must be age 16 years or older.Must be prescribed by the eligible clinician criteria
- Eligible Clinician Criteria:

Eligible Clinician
Medical Oncology
Clinical Hematology
Internal Medicine
Hematology

### 3.2 Requirements for Coverage

- The Questionnaire must be filled out and submit the required documents for preauthorization request.
- Failure to submit, upon request or when requesting a clinical history, an indication and the need for testing will result in the rejection of the claim.

### 3.3 Non-Coverage

1. Crizanlizumab is not covered when the above criteria (Coverage and Billing and CLN) are not met.
2. Coverage as per plan:

Plan	Coverage
Visitors Plan	Not covered
Basic	Covered
Enhanced	Covered
Thiqa	Covered

### 3.4 Payment and Coding Rules

Please apply DOH payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

## 4. Denial Codes

DOH denial codes with description are elaborated for reference.

*These are specialized codes directed by DOH, that explains the reason of rejection of the service by DAMAN to the providers.*

Code	Code Description
MNEC 004	Service is not clinically indicated based on good clinical practice
MNEC 003	Diagnoses are not covered
CODE-010	Activity/diagnosis inconsistent with clinician's specialty
CODE -014	Activity/diagnosis is inconsistent with the patient's age/gender
CODE-010	Activity / Activity Level inconsistent with Ordering Clinician speciality

#### Questionnaire:

<https://www.damanhealth.ae/main/pdf/support/coverage-medical/Questionnaire/CrizanlizumabPre-authform.pdf>

## 5. Appendices

### 5.1 References

- <https://www.medicines.org.uk/emc/product/12943/smpc#gref>
- [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2019/761128s000lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/761128s000lbl.pdf)
- <https://www.ema.europa.eu/en/medicines/human/EPAR/adakveo>

## 5.2 Revision History

Date	Version No.	Change(s)
27/12/2022	V1.0	Release of V1.0
07/11/2024	V2.0	Update: dose and administration added
26/11/2025	V3.0	Guideline review/ No changes

### Crizalinumab Preauthorization Form

#### Section 1:

##### Member Information:

- Patient Name: \_\_\_\_\_
- Patient Card Number: \_\_\_\_\_
- Patient Age : \_\_\_\_\_

#### Section 2:

Kindly fill in the diagnosis field:

☐ Sickle Cell Disease ☐ Others: \_\_\_\_\_

Is this a re-authorization request?

☐ Yes ☐ No

If yes, kindly provide prior requests completed and documentation regarding previous therapy.

If no, kindly complete the below clinical assessment:

1. Has the patient had attacks of vaso-occlusive crisis within the past 12 months?

☐ Yes ☐ No

2. Will Crizalinumab be used with Hydroxyurea?

☐ Yes ☐ No

- If no, has the patient tried Hydroxyurea and had an intolerance?

☐ Yes ☐ No

- If no, does the patient have a contraindication to Hydroxyurea?

☐ Yes ☐ No

- If no, kindly specify the reason on why the patient is not a candidate for Hydroxyurea?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Section 3:

1. Ordering clinician: \_\_\_\_\_
2. Ordering Speciality: \_\_\_\_\_

#### Section 4:

##### Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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