

Crizanlizumab

Adjudication Guideline

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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:
 1. Patient must have had at least one attack of vaso-occlusive crisis within the past year.
 2. 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

1. The Questionnaire must be filled out and submit the required documents for preauthorization request.
2. 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.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

Crizalimumab 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 Crizalimumab 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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