



## **Pre - PA Allowance**

None

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## **Prior-Approval Requirements**

**Age** 5 years of age or older

### **Diagnosis**

Patient must have the following:

Sickle Cell Disease (SCD)

**AND** the following:

1. Inadequate treatment response, intolerance, or contraindication (i.e. renal, cardiovascular, GI) to a 3 month trial of generic hydroxyurea

## **Prior - Approval Limits**

**Duration** 12 months

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## **Prior – Approval *Renewal* Requirements**

**Age** 5 years of age or older

### **Diagnosis**

Patient must have the following:

Sickle Cell Disease (SCD)

**AND** the following:

1. Reduction in the number of acute complications (i.e. blood transfusions, sickle cell crisis's, hospitalizations) of sickle cell disease since initiating therapy

## **Prior – Approval *Renewal* Limits**

**Duration** 24 months