



Pre - PA Allowance

None

Prior-Approval Requirements

Age 2 years of age or older

Diagnosis

Patient must have following:

Sickle Cell Disease (SCD)

AND ALL of the following:

1. History of moderate to severe painful crises
2. Inadequate treatment response, intolerance, or contraindication to generic hydroxyurea
3. Prescriber agrees to monitor blood counts every 2 weeks throughout therapy and adjust dose accordingly
4. Prescriber agrees to monitor for the development of secondary malignancies
5. Female patients of reproductive potential **only**: Prescriber agrees to advise patient to use effective contraception during treatment and for at least 6 months after therapy
6. Male patients with partners of reproductive potential **only**: Prescriber agrees to advise patient to use effective contraception during treatment and for at least 6 months after therapy
7. **NOT** given concurrently with live vaccines

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 2 years of age or older

Diagnosis



**BlueCross
BlueShield**

Federal Employee Program

SIKLOS (hydroxyurea)

Patient must have following:

Sickle Cell Disease (SCD)

AND ALL of the following:

1. Decrease in number of painful crises
2. Prescriber agrees to monitor blood counts every 2 weeks throughout therapy and adjust dose accordingly
3. Prescriber agrees to monitor for the development of secondary malignancies
4. Female patients of reproductive potential **only**: Prescriber agrees to advise patient to use effective contraception during treatment and for at least 6 months after therapy
5. Male patients with partners of reproductive potential **only**: Prescriber agrees to advise patient to use effective contraception during treatment and for at least 6 months after therapy
6. **NOT** given concurrently with live vaccines

Prior - Approval *Renewal* Limits

Same as above