

Commercial/Healthcare Exchange PA Criteria

Effective: January 1, 2020

Prior Authorization: Siklos

Products Affected: Siklos (hydroxyurea) oral tablet

Medication Description: Siklos is an antimetabolite, indicated to reduce the frequency of painful crises and to reduce the need for blood transfusions in pediatric patients, 2 years of age and older, with sickle cell anemia with recurrent moderate to severe painful crises.

Covered Uses: Indicated to reduce the frequency of painful crises and to reduce the need for blood transfusions in pediatric patients, 2 years of age and older, with sickle cell anemia with recurrent moderate to severe painful crises.

Exclusion Criteria:

1. Patients with a previous hypersensitivity to hydroxyurea or any other component of its formulation.

Required Medical Information:

1. Diagnosis
2. Previous therapies tried/failed

Age Restrictions: 2 years of age and older

Prescriber Restrictions: Prescribed by, or in consultation with, a hematologist or provider that specializes in the treatment of sickle cell disease.

Coverage Duration: 12 months

Other Criteria:

1. Patient has a diagnosis of sickle cell anemia, with a history of moderate to severe painful crises; AND
2. Patient has a documented intolerance, contraindication, or treatment failure with, an adequate trial of generic hydroxyurea.

References:

1. Siklos(R) oral tablets, hydroxyurea oral tablets. Medunik USA, Inc (per FDA), Bryn Mawr, PA, 2017.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	10/17/19