

Commercial/Healthcare Exchange PA Criteria

Effective: January 25, 2018

Prior Authorization: Endari

Products Affected: Endari (L-glutamine) oral powder

Medication Description: The mechanism of action of the amino acid L-glutamine in treating sickle cell disease (SCD) is not fully understood. Oxidative stress phenomena are involved in the pathophysiology of SCD. Sickle red blood cells (RBCs) are more susceptible to oxidative damage than normal RBCs, which may contribute to the chronic hemolysis and vaso-occlusive events associated with SCD. The pyridine nucleotides, NAD⁺ and its reduced form NADH, play roles in regulating and preventing oxidative damage in RBCs. L-glutamine may improve the NAD redox potential in sickle RBCs through increasing the availability of reduced glutathione.

Covered Uses: Reduce the acute complications of sickle cell disease in adult and pediatric patients 5 years of age and older.

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous therapies tried/failed
3. Medical history (documentation required)

Age Restrictions: 5 years of age and older

Prescriber Restrictions: Prescribed by, or in consultation with, a physician who specializes in sickle cell disease (e.g., a hematologist).

Coverage Duration: 12 months

Other Criteria:

- A. Patient has a diagnosis of sickle cell disease; AND
- B. Patient will be using Endari to reduce the acute complications of sickle cell disease; AND
- C. Patient has had two (2) or more painful sickle cell crises within the past 12 months; AND
- D. Patient is using Endari with concurrent hydroxyurea therapy OR the patient is unable to take hydroxyurea therapy due to a contraindication or intolerance.

References:

1. Endari prescribing information. Emmaus Medical, Inc. July 2017

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	07/16/2018
2	Update	Update to label	Exclusion Criteria	01/14/2020

