

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

## Siklos (hydroxyurea)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Siklos (hydroxyurea)

### APPROVAL CRITERIA

Requests for Siklos (hydroxyurea) may be approved if the following criteria are met:

- I. Individual has a diagnosis of sickle cell anemia with recurrent moderate to severe painful crises; **AND**
- II. Individual is unable to swallow the oral tablet dose form due to a clinical condition such as but not limited to the following:
  - A. Dysphagia; **OR**
  - B. Individual's age.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

### Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

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New Program Date 08/07/2018

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed March 2018.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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