

## Siklos (hydroxyurea)

### Coverage Criteria:

Reserved for patients who meet all of the following criteria:

1. Prescribed by or in consultation with a Hematologist; and,
2. Age  $\geq$  6 months  $\leq$  12 years old; and,
3. Diagnosed with pediatric sickle cell anemia; and,
4. History of painful sickle cell anemia crisis; and,
5. Dose based upon the lesser of patients actual or ideal body weight rounded to the nearest 100 mg (note: dosing not to exceed 35 mg/kg/day); and,
6. Unable to achieve appropriate dose using other formulations of hydroxyurea (note: dose should be rounded and capsules opened and mixed into a small quantity of food).

### Renewal Criteria:

1. Neutrophils are  $\geq 2,000$  to  $4,000/\text{mm}^3$  (Note: younger patients with lower baseline counts may safely tolerate ANC down to  $1,250/\text{mm}^3$ .)

### Coverage Duration:

Initial authorizations will be for 6 months.

Re-authorization will be provided for 12 months.