



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

L-GLUTAMINE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
GLUTAMINE (L-GLUTAMINE)	ENDARI		13365	GPI-10 (8280102000)	FDB: BRAND ≠ NUTRESTORE

**GUIDELINES FOR USE**

**INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)**

1. Does the patient have a diagnosis of sickle cell disease (SCD) and meet **ALL** of the following criteria?

- The medication is prescribed by or given in consultation with a hematologist
- The patient had a trial of or contraindication to hydroxyurea

If yes, continue to #2.

If no, do not approve.

**DENIAL TEXT:** See the initial denial text at the end of the guideline.

2. Is the patient between the ages of 5 to 17 years old?

If yes, **approve for 12 months by GPID or GPI-10 with a quantity limit of #180 packets per 30 days.**

**Approval Text:** Renewal requires that the patient has maintained or experienced a reduction in acute complications of sickle-cell disease (SCD) (e.g., number of sickle cell crises, hospitalizations, ACS).

If no, continue to #3.

3. Is the patient 18 years of age or older and meets **ONE** of the following criteria?

- The patient had at least 2 sickle cell crises in the past year (A sickle cell crises is defined as a visit to an emergency room/medical facility for sickle cell disease-related pain which was treated with a parenterally administered narcotic or parenterally administered ketorolac, the occurrence of chest syndrome, priapism, or splenic sequestration)
- The patients is having sickle-cell associated symptoms (e.g., pain or anemia) which are interfering with activities of daily living
- The patients has a history of or has recurrent acute chest syndrome (ACS)

If yes, **approve for 12 months by GPID or GPI-10 with a quantity limit of #180 packets per 30 days.**

**Approval Text:** Renewal requires that the patient has maintained or experienced a reduction in acute complications of sickle-cell disease (SCD) (e.g., number of sickle cell crises, hospitalizations, ACS).

If no, do not approve.

**DENIAL TEXT:** See the initial denial text at the end of the guideline.

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INITIAL CRITERIA (CONTINUED)

**INITIAL DENIAL TEXT:** \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **L-GLUTAMINE (ENDARI)** requires the following rule(s) be met for approval:

- A. You have sickle cell disease (type of red blood cell disorder)
- B. You are 5 years of age or older
- C. The medication is prescribed by or given in consultation with a hematologist (blood doctor specialist)
- D. The patient had a trial of or contraindication to hydroxyurea
- E. **If you are 18 years of age or older, approval also requires ONE of the following:**
  1. You had at least 2 sickle cell crises in the past year (A sickle cell crises is defined as a visit to an emergency room/medical facility for sickle cell disease-related pain which was treated with a parenterally administered given into the vein, narcotic or parenterally administered ketorolac, the occurrence of chest syndrome, priapism (prolonged erection of penis), or splenic sequestration [suppressing of spleen])
  2. You are having sickle-cell associated symptoms such as pain or anemia (your blood doesn't have enough healthy red blood cells and you're tired) which are interfering with activities of daily living
  3. You have a history of or have recurrent acute chest syndrome (ACS: chest pain, cough, fever, low oxygen level)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RENEWAL CRITERIA

1. Does the patient have a diagnosis of sickle cell disease **AND** meet the following criterion?
  - The patient has maintained or experienced a reduction in acute complications of sickle-cell disease (SCD) (e.g., number of sickle cell crises, hospitalizations, ACS)

If yes, **approve for lifetime by GPID or GPI-10 with a quantity limit of #180 packets per 30 days.**

If no, do not approve.

**DENIAL TEXT:** See the renewal denial text at the end of the guideline.

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RENEWAL CRITERIA (CONTINUED)

**RENEWAL DENIAL TEXT:** \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **L-GLUTAMINE (Endari)** requires the following rule(s) be met for renewal:

- A. You have sickle cell disease (type of red blood cell disorder)
- B. You have maintained or experienced a reduction in acute complications of sickle-cell disease such as number of sickle cell crises, hospitalizations, acute chest syndrome (ACS: chest pain, cough, fever, low oxygen level)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Endari

**REFERENCES**

- Endari [Prescribing Information]. Torrance, CA: Emmaus Medical, Inc. October 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/01/20

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P&T Approval: 01/20