

Endari (L-glutamine) Criteria

Revised: 02/13/2025

ENDARI (L-GLUTAMINE) CRITERIA

Length of Authorization: Initial – 1 year
Renewal – 1 year

CRITERIA TO APPROVE

Chart notes documenting the following:

- Diagnosis of sickle cell disease
- The patient is ≥ 5 years of age
- Prescribed by or in consultation with a hematologist
- The patient has experienced \geq two sickle cell crises in the previous 12 months
- Provider attestation that the patient has experienced inadequate response, adverse reaction, or has a contraindication to hydroxyurea
- Medication will not be used in combination with other agents (e.g., Adakveo [crizanlizumab-tmca])

CONTINUATION OF THERAPY

- The patient met initial review requirements; **AND**
- The patient has not experienced any treatment-restricting adverse effects

REVISION HISTORY

Date	Issues/Updates
01/16/2025	• Initial draft creation
02/13/2025	• Added generic L-glutamine to criteria