AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	L-Glutamine oral powder	Page:	1 of 2
Effective Date:	3/13/2025	Last Review Date:	1/2025

Applies to:	☒Illinois	☐Florida	☒New Jersey
	☒Maryland	☒Pennsylvania Kids	☒Florida Kids

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for the generic L-Glutamine under the patient's prescription drug benefit.

Description:

L-Glutamine is indicated to reduce the acute complications of sickle cell disease in adult and pediatric patients 5 years of age and older.

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

L-Glutamine

Policy/Guideline:

Prescriber Specialties
L-Glutamine must be prescribed by or in consultation with a hematologist or specialist in sickle cell disease.

Criteria for Initial Approval:

Sickle cell disease, to reduce the acute complications
Authorization of 12 months may be granted for use in reducing the acute complications of sickle cell disease in members 5 years of age or older when EITHER of the following criteria is met:

A. Member has sickle hemoglobin C (HbSC), sickle β+-thalassemia (HbSβ+), or other genotypic variants of sickle cell disease (e.g., HbS-O Arab, HbS-Lepore).
B. Member has homozygous hemoglobin S (HbSS) or sickle β^0-thalassemia (HbSβ^0) genotype AND meets ANY of the following:
    1. Has experienced, at any time in the past, an inadequate response or intolerance to a trial of hydroxyurea.
    2. Has a contraindication to hydroxyurea.
    3. Will be using L-Glutamine with concurrent hydroxyurea therapy.

Criteria for Continuation of Therapy:

Sickle cell disease, to reduce the acute complications
Authorization of 12 months may be granted for continued treatment when the member experienced a reduction in acute complications of sickle cell disease (e.g., reduction in the number of painful vaso-occlusive episodes, acute chest syndrome episodes, fever, occurrences of priapism, splenic sequestration) since initiating therapy with L-Glutamine.

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Limits: 180 packets per 30 days

References:

1. Endari [package insert]. Torrance, CA: Emmaus Medical, Inc; October 2020.
2. L-glutamine [package insert]. East Windsor, NJ: Novitium Pharma LLC; July 2024.
3. Niihara Y, Miller ST, Kanter J, et al. A phase 3 trial of l-glutamine in sickle cell disease. N Engl J Med. 2018;379(3):226-235.