

PHARMACY POLICY STATEMENT Ohio Medicaid

DRUG NAME	Oxbryta (voxelotor)
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
COVERAGE REQUIREMENTS	Prior authorization required (Non-Preferred product) Alternative preferred product includes hydroxyurea QUANTITY LIMIT – 90 tablets per 30 days
LIST OF DIAGNOSES CONSIDERED NOT MEDICALLY NECESSARY	Click Here

Oxbryta (voxelotor) is a **non-preferred** product and will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

SICKLE CELL DISEASE

For **initial** authorization:

1. Member must be 12 years of age or older; AND
2. Medication is prescribed by or in consultation with a hematologist or a physician who has experience in treating sickle cell disease; AND
3. Member has a confirmed diagnosis of sickle cell disease with at least one vaso-occlusive crisis within the past 12 months; AND
4. Member has a baseline hemoglobin level between 5.5-10.5 g/dL documented in chart notes; AND
5. Member has tried hydroxyurea for at least 3 months and the trial was ineffective or not tolerated; AND
6. Member will not be receiving chronic blood transfusion therapy; AND
7. Medication will not be used concurrently with Adakveo (crizanlizumab-tmca) therapy.
8. **Dosage allowed:** 1,500 mg by mouth daily.

If member meets all the requirements listed above, the medication will be approved for 6 months.

For **reauthorization**:

1. Member must be in compliance with all other initial criteria; AND
2. Chart notes have been provided showing an increase in hemoglobin by ≥ 1 g/dL from baseline.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

CareSource considers Oxbryta (voxelotor) not medically necessary for the treatment of the diseases that are not listed in this document.

DATE	ACTION/DESCRIPTION
4/30/2020	New policy for Oxbryta created.

References:

1. Oxbryta [Package Insert]. South San Francisco, CA: Global Blood Therapeutics, Inc.; November 2019.



2. Vichinsky E, Hoppe CC, Ataga KI, et al; HOPE Trial Investigators. A phase 3 randomized trial of voxelotor in sickle cell disease. *N Engl Med.* 2019;381(6):509-519.
3. Niihara Y, Miller ST, Kanter J, et al. A phase 3 trial of L-glutamine in sickle cell disease. *N Engl Med.* 2018;379:226-235.
4. Crizanlizumab, Voxelotor, and L-Glutamine for Sickle Cell Disease: Effectiveness and Value. Institute for Clinical and Economic Review, January 23, 2020. <https://icer-review.org/material/sickle-cell-disease-draft-evidence-report/>

Effective date: 05/25/2020

Revised date: 04/30/2020