CareSource

PHARMACY POLICY STATEMENT **Arkansas PASSE**	
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) 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. Member has a confirmed diagnosis of sickle cell disease with at least one vaso-occlusive crisis within the past 12 months; AND
3. Member has a baseline hemoglobin level between 5.5-10.5 g/dL documented in chart notes; AND
4. Member will not be receiving chronic blood transfusion therapy; AND
5. **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.
12/21/2021	Removed prescriber specialty requirement, hydroxyurea trial, and no concurrent use with Adakveo.

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: 01/01/2022
Revised date: 12/21/2021