

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Voxelotor (Oxbryta)

Notes:

- ^ Treatment failure is defined as lack of clinically meaningful reduction in frequency of vaso-occlusive crises after 6 to 12 months of treatment.
- Prescribing hematologist should assess for efficacy, tolerance, and adherence at least every 6 months; Discontinuation of Voxelotor (Oxbryta) may be considered if there is lack of efficacy (no increase in Hb that leads to a decrease in transfusion requirement and/or symptoms) after 6 to 12 months, and/or Intolerance to medication, and/or non-adherence to medication or follow-up labs and assessments, and/or patient is breastfeeding; Need for treatment should be re-assessed every 6 months; Dose adjustment may be required when used concurrently with other CYP3A4 substrates/inhibitors/inducers.

Initiation (new start) criteria: Non-formulary **Voxelotor (Oxbryta)** will be covered on the prescription drug benefit for 6 months when the following criteria are met:

- Documented treatment failure[^] with: Hydroxyurea (generic Droxia) **AND** L-glutamine (Endari);
-OR- known or predicted intolerance to Hydroxyurea (generic Droxia) **AND** L-glutamine (Endari).
- Patient is at least 12 years of age
- Diagnosed with Hb SS disease (sickle cell anemia) or HbS beta thalassemia (documented by Hb electrophoresis) **-AND-**
 - At least one of the following:
 - i. transfusion-dependent anemia with chronic iron overload or with alloantibodies **-OR-**
 - ii. symptomatic anemia without transfusion-dependence **-OR-**
 - iii. pulmonary hypertension and hypoxia **-OR-**
 - iv. Hb level 10.5 g/dL or lower prior to treatment with voxelotor
- No history of cerebrovascular accident (CVA) or acute chest syndrome (ACS) requiring exchange or chronic transfusion
- Alanine aminotransferase (ALT) less than 4x upper limit of normal (ULN)
- Renal function with estimated glomerular filtration rate (eGFR) greater than 30 mL/min/1.73 m²
- Patient is not breastfeeding

kp.org

Revised: 07/11/24
Effective: 09/05/24

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Voxelotor (Oxbryta)

Continued Use Criteria: Non-formulary **Voxelotor (Oxbryta)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Initial use criteria continue to be met
- Documented efficacy defined as increase in Hb that leads to a decrease in transfusion requirement and/or symptoms after 6 to 12 months.

kp.org

Revised: 07/11/24
Effective: 09/05/24

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest