STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

VOXELOTOR

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
VOXELOTOR	OXBRYTA	46225		GPI-10 (8280508000)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of sickle cell disease and meet **ALL** of the following criteria?
   - The patient is 4 years of age or older
   - The patient has a hemoglobin of less than 10.5 g/dL
   - Therapy is prescribed by or in consultation with a hematologist
   - The patient is having symptoms of anemia which are interfering with activities of daily living
   - The patient had a trial of or contraindication to hydroxyurea

   If yes, continue to #2.
   If no, do not approve.
   DENIAL TEXT: See the initial denial text at the end of the guideline.

2. Is the request for the 300 mg tablet for oral suspension **AND** the patient weighs less than 40 kg?

   If yes, **approve 300mg tablets for oral suspension for 6 months by GPID or GPI-14 with a quantity limit of #5 per day.**
   If no, continue to #3.

3. Is the request for the 300 mg tablet for oral suspension and the patient meets **ALL** of the following criteria?
   - The patient weighs 40 kg or more
   - The patient has tried or has a contraindication to Oxbryta 500mg tablets
   - The patient is unable to swallow Oxbryta 500mg tablets

   If yes, **approve 300mg tablets for oral suspension for 6 months by GPID or GPI-14 with a quantity limit of #5 per day.**

   If no, **approve for 6 months by GPID or GPI-14 as follow:**
   - **500mg tablets: #3 per day.**
   - **300mg tablets: #3 per day.**

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VOXELOTOR

INITIAL CRITERIA (CONTINUED)

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **VOXELOTOR (Oxbryta)** requires the following rule(s) be met for approval:

A. You have sickle cell disease (a type of blood disorder)
B. You are 4 years of age or older
C. Your hemoglobin (a type of blood cell) is less than 10.5 g/dL
D. Therapy is prescribed by or in consultation with a hematologist (a type of blood doctor)
E. You are having symptoms of anemia (a type of blood condition) which are interfering with activities of daily living
F. You had a trial of or contraindication (harmful for) to hydroxyurea
G. **If the request is for the 300 mg tablets for oral suspension, approval also requires ONE of the following:**
    1. You weigh less than 40 kilograms
    2. You weigh 40 kilograms or more and meet ALL of the following:
        a. You have tried or have a contraindication (harmful for) to Oxbryta 500mg tablets
        b. You are unable to swallow Oxbryta 500mg tablets

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RENEWAL CRITERIA

1. Does the patient have a diagnosis of sickle cell disease **AND** meet the following criterion?
    - The patient has maintained an improvement in symptoms associated with anemia

    If yes, **approve for 12 months by GPID or GPI-14 for the requested strength with the following quantity limits:**
    - **500mg tablets: #3 per day.**
    - **300mg tablets: #3 per day.**
    - **300mg tablets for oral suspension: #5 per day.**

    If no, do not approve.
    DENIAL TEXT: See the renewal denial text at the end of the guideline.

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VOXELOTOR

RENEWAL CRITERIA (CONTINUED)

RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **VOXELOTOR (Oxbryta)** requires the following rule(s) be met for renewal:
A. You have sickle cell disease (a type of blood disorder)
B. You have maintained an improvement in symptoms associated with anemia (a type of blood condition)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Oxbryta.

REFERENCES

- Oxbryta [Prescribing Information]. South San Francisco, CA: Global Blood Therapeutics, Inc., October 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 01/16/23
Created: 02/20
Client Approval: 01/23
P&T Approval: 01/22