

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Voxelotor (Oxbryta)

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:

- Patient is at least 12 years of age
- Patient has a diagnosis of Hb SS disease (sickle cell anemia) or HbS beta thalassemia (documented by Hb electrophoresis) AND one of the following:
 - transfusion-dependent anemia with chronic iron overload or with alloantibodies **-OR-**
 - symptomatic anemia without transfusion-dependence **-OR-**
 - pulmonary hypertension and hypoxia **-OR-**
 - Hb level of 10.5 g/dL or lower prior to treatment with voxelotor
- Documented treatment failure defined as lack of clinically meaningful reduction in frequency of vaso-occlusive crises after 6 to 12 months of treatment with alternative preferred agents:
 - Hydroxyurea (generic Droxia)
 - L-glutamine (Endari)
 - Crizanlizumab-tmca (Adakveo)**-OR-**
 - Known or predicted intolerance to alternative preferred agents: hydroxyurea (Droxia), L-glutamine (Endari), and crizanlizumab-tmca (Adakveo)
- Patient does not have a history of cerebrovascular accident (CVA) or acute chest syndrome (ACS) requiring exchange or chronic transfusion
- Alanine aminotransferase (ALT) less than four times the 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

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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.

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