



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 12 years of age or older
  - The patient has a hemoglobin of less than 10.5 g/dL
  - The medication is prescribed by or given 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, **approve for 6 months by HICL or GPI-10 with a quantity limit of #3 per day.**

**APPROVAL TEXT:** Renewal requires the patient has maintained an improvement in symptoms associated with anemia.

If no, do not approve.

**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 (disorder that causes red blood cells to become twisted and break down)
- B. You are 12 years of age or older
- C. Your hemoglobin (a protein that carries oxygen in the blood) is less than 10.5 g/dL
- D. The medication is prescribed by or given in consultation with a hematologist (a doctor who specializes in the study of blood, blood-forming organs and blood diseases)
- E. You are having symptoms of anemia which are interfering with activities of daily living
- F. You had a previous trial of hydroxyurea, unless there is a medical reason why you cannot (contraindication)

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.

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GUIDELINES FOR USE (CONTINUED)

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 HICL or GPI-10 with a quantity limit of #3 per day.**

If no, do not approve.

**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 (disorder that causes red blood cells to become twisted and break down)
- B. You have maintained an improvement in symptoms associated with anemia (condition where the blood doesn't have enough healthy red blood cells)

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.

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**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., November 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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