Oxbryta (voxelotor)

Coverage Criteria:

1. Prescribed per FDA-labeling (per FDA approved indications, and within the FDA approved dosing regimen); and
2. Prescribed by a practitioner with expertise in sickle cell disease; and
3. Patient has experienced two or more painful vasoocclusive crises within the previous 12 months despite adherence to the following therapies: hydroxyurea (unless contraindicated); and
4. Patient will be prescribed Oxbryta as monotherapy or in combination with hydroxyurea (patients currently treated with Endari or Adakveo will be discontinued prior to initiation of Oxbryta); and
5. If the request is for Oxbryta 300 mg tablets for suspension: the patient is unable to swallow pills. Please note: 500 mg tablets are preferred for patients who are capable of swallowing pills.

Coverage Duration:

Initial authorization will be approved for 6 months
Reauthorization will be approved for 12 months

Renewal Criteria:

1. Patient has been seen by the prescriber within the past 12 months; and,
2. Patient has experienced clinical benefit defined as one of the following:
   a. At least a 1.0 g/dL increase in **hemoglobin; or,**
   b. Documentation of a reduction in the number of vaso-occlusive attacks from baseline; and,
3. Prescribed per FDA-labeling (per FDA approved indications, and within the FDA approved dosing regimen).