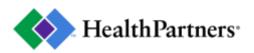
## Oxbryta (voxelotor)



## **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).