

Vosoritide (Voxzogo)

Coverage Criteria:

Initial Authorization Criteria:

Voxzogo is reserved for:

1. Prescribed by a pediatric endocrinologist; and,
2. Patient has been diagnosed with achondroplasia, confirmed with genetic testing indicating a gain-of-function variant in the FGFR3 gene (chart documentation is required); and,
3. Patient is less than 18 years of age with open epiphyses (growth plates); and,
4. Patient has not had limb-lengthening surgery, and limb-lengthening surgery is not planned in the coming 12 months; and,
5. Patient or caregiver attests to adherence to the drug regimen of daily injections; and,
6. Prescribed at the FDA-approved dosing regimen.

Renewal Criteria:

1. Patient has been seen and evaluated by the prescriber in the last 6 months; and,
2. Patient continues to have open epiphyses; and,
3. Patient has not had limb-lengthening surgery, and limb-lengthening surgery is not planned in the coming 12 months; and,
4. Patient has been adherent to therapy; and,
5. Chart documentation has been submitted demonstrating growth exceeding expected growth without Voxzogo therapy (>1 cm growth per year, annualized).

Coverage Duration:

Initial authorizations and reauthorizations would be for 6 months.