

Oxbryta (voxelotor)
Effective 06/01/20

Plan	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions			

Overview

Sickle cell disease is a group of disorders that affects hemoglobin, the molecule in red blood cells that delivers oxygen to cells throughout the body. People with this disorder have atypical hemoglobin molecules called hemoglobin S (HbS), which can distort red blood cells into a sickle, or crescent, shape. Voxelotor is a hemoglobin S (HbS) polymerization inhibitor that reversibly binds to Hb (hemoglobin) and stabilizes the oxygenated Hb state. Through the increased Hb affinity for oxygen, voxelotor demonstrates dose-dependent inhibition of HbS polymerization, and may inhibit RBC sickling, improve RBC deformability, and reduce whole blood viscosity. Voxelotor may also extend RBC half-life and reduce anemia and hemolysis.

Coverage Guidelines

Authorization may be granted for members who are currently receiving treatment with Oxbryta, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs

OR

Authorization may be granted if the member meets all following criteria and documentation has been submitted:

1. The member has diagnosis of sickle cell disease
2. The member is ≥ 12 years of age
3. The provider specialty is hematology or medication is being prescribed in consultation with a hematologist.
4. The member has had inadequate response to hydroxyurea at maximally tolerated dose for at least 3 months **OR** an had an adverse reaction or contraindication to hydroxyurea

Continuation of Therapy



Reauthorization may be granted for members who have met the initial criteria and the physician has submitted clinical documentation of clinical response (e.g., increase in hemoglobin after initial 6-month approval)

Limitations

1. Initial approvals will be granted for 6 months
2. Reauthorization may be granted for 12 months
3. The following quantity limits apply:

Oxbryta 500mg	90 tablets per 30 days
---------------	------------------------

References

1. Oxbryta (voxelotor) [prescribing information]. South San Francisco, CA: Global Blood Therapeutics Inc; November 2019.
2. Hydrea (hydroxyurea) [prescribing information]. Princeton, NJ: Bristol-Myers Squibb Company; December 2019

Review History

03/18/2020 – Created and Reviewed P&T Mtg

05/20/2020 – reviewed May P&T Mtg; no clinical updates

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.