Voxzogo (vosoritide)
Effective 07/01/2022

Plan	☐ MassHealth ☐ MH UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ 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	N/A		

Overview
Voxzogo is indicated to increase linear growth in pediatric patients with achondroplasia who are 5 years of age and older with open epiphyses.

Coverage Guidelines
Authorization may be reviewed for members new to AllWays Health Partners who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. Member has a diagnosis of achondroplasia
2. Member is 5 years of age or older
3. Diagnosis of achondroplasia was confirmed by ONE of the following:
    a. Symptoms (i.e., short stature with marked shortening of extremities due to rhizomelia, a characteristic facial configuration, trident hand) AND X-ray findings consistent with achondroplasia.
    b. Genetic testing for FGFR3 mutation
4. Epiphyses are open
5. Medication is being prescribed by or in consultation with an endocrinologist, pediatric endocrinologist, geneticist, or neurologist.
6. Growth charts showing annualized growth velocity

Continuation of Therapy
Reauthorization requires physician documentation of continued medical necessity and improvement/stabilization on annualized growth velocity from baseline and all initial criteria are met.

Limitations
1. Initial approvals and reauthorizations will be granted for 12 months

References

1. Voxzogo [package insert]. Novato, CA: BioMarin Pharmaceutical Inc.; November 2021.
2. Kubota T, Adachi M, Kitaoka T, Hasegawa K, Ohata Y, Fujiwara M, Michigami T, Mochizuki H, Ozono K. Clinical Practice Guidelines for Achondroplasia. Clin Pediatr Endocrinol. 2020;29(1):25-42.
3. Tracy L. Trotter, Judith G. Hall, and the Committee on Genetics. Health Supervision for Children With Achondroplasia. Pediatrics. 2005; 116 (3): 771–783.

Review History
05/18/2022 – Created and Reviewed for May P&T. Effective 07/01/2022

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