

Policy Name:	Oxbryta (voxelotor)	Policy #:	2732P
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Purpose of the Policy

The purpose of this policy is to define the criteria for coverage of Oxbryta.

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Oxbryta under the specialty pharmacy benefit when the following criteria have been met.

Criteria

- 1. Coverage Criteria**
 - 1.1 Diagnosis of sickle cell disease with one or more vaso-occlusive crises in the past year
 - 1.2 Age 4 years or older
 - 1.3 Prescribed by or in consultation with a hematologist (blood doctor)
 - 1.4 Previous trial and failure, intolerance, or contraindication to hydroxyurea
 - 1.5 Baseline hemoglobin (Hb) of less than or equal to 10.5g/dL
- 2. Managed Dose Limit**
 - 2.1 Oxbryta 500mg tablets: #90 tablets per 30 days
- 3. Approval Period**
 - 3.1 12 months

CPT Codes

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HCPCS Codes

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References

1. Oxbryta (voxelotor) [prescribing information]. South San Francisco, CA: Global Blood Therapeutics Inc; August 2023.
2. Vichinsky E, Hoppe CC, Ataga KI, et al; HOPE Trial Investigators. A phase 3 randomized trial of voxelotor in sickle cell disease. N Engl Med. 2019;381(6):509-519.

3. Izcovich A, Cuker A, Kunkle R, et al. American Society of Hematology Clinical Practice Guidelines on Sickle Cell Disease. Blood Adv. 2020 May 12;4(9):2095-2110.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.