

**Oxbryta (voxelotor)**  
**Effective 02/01/2023**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	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
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

### 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. Voxelotor is used for the treatment of sickle cell disease in adults and pediatric patients  $\geq 4$  years of age.

### Coverage Guidelines

Authorization may be granted for members new to the plan 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  $\geq 12$  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 tablet	90 tablets per 30 days
Oxbryta 300mg dispersible tablet	150 tablets per 30 days

**References**

1. Oxbryta (voxelotor) [prescribing information]. South San Francisco, CA: Global Blood Therapeutics Inc; January 2021.
2. Oxbryta (voxelotor) [prescribing information]. South San Francisco, CA: Global Blood Therapeutics Inc; December 2021.
3. Hydrea (hydroxyurea) [prescribing information]. Princeton, NJ: Bristol-Myers Squibb Company; December 2019

**Review History**

03/18/2020 – Created and Reviewed P&T Mtg (effective 6/1/20)

11/16/2022 – Reviewed and Updated for Nov P&T; added Oxbryta oral tablet for suspension to criteria and in Limitations, references and overview updated. Effective 02/01/2023

