

Xromi (hydroxyurea) oral solution
Effective 09/01/2025

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Contact Information	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

Xromi (hydroxyurea) oral solution is an antimetabolite indicated to reduce the frequency of painful crises and reduce the need for blood transfusions in pediatric patients 6 months of age and older with sickle cell anemia with recurrent moderate to severe painful crises.

Xromi is covered without prior authorization for members 6 months to less than 2 years of age.

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days 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 when all of the following criteria are met:

1. Member meets ONE of the following:
 - a. Member is 6 months to less than 2 years of age
 - b. Member meets ALL of the following:
 - i. Member has a diagnosis of sickle cell anemia with recurrent moderate to severe painful crises
 - ii. Member meets one of the following:
 1. Member has had an inadequate response to one of the following:
 - a. Siklos
 - b. Droxia
 2. Member is unable to swallow solid dosage forms due to at least one of the following:
 - a. Age
 - b. Physical impairment

- c. Dysphagia
- d. Member is using a feeding tube or nasal gastric tube
- 3. Dosage requirements cannot be met with a solid dosage form

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

- 1. Initial criteria are met
- 2. Member has had a positive clinical response to therapy

Limitations

- 1. Initial approvals will be granted for 6 months.
- 2. Reauthorizations will be granted for 12 months.

References

- 1. Xromi (hydroxyurea) oral solution. Franklin, TN: Rare Disease Therapeutics, Inc.; December 2024.

Review History

06/11/2025 – Reviewed at June P&T. Effective 09/01/2025.

