Mass General Brigham
Health Plan

Oxbryta (voxelotor) Effective 02/01/2023			
Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	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 ≥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 ≥ 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