

**Voxzogo (vosoritide)**  
**Effective 07/01/2022**

<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 type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Medical Benefit</b> <b>Pharmacy Benefit</b>	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
<b>Exceptions</b>	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 the plan 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.

