### ALASKA MEDICAID Prior Authorization Criteria

# Oxbryta<sup>TM</sup> (voxelotor)

# FDA INDICATIONS AND USAGE<sup>1</sup>

Oxbryta<sup>TM</sup> is indicated to treat sickle cell disease in patients 12 years of age and older. It is a hemoglobin S polymerization inhibitor that was approve under the accelerated pathway. The drug is thought to inhibit red blood cell sickling, improve red blood cell deformity, and reduce whole blood viscosity.

# **APPROVAL CRITERIA**<sup>1,2</sup>

- 1. Patient is 12 years of age or older AND;
- 2. Patient has the diagnosis of sickle cell disease AND;
- 3. Prescribed by or consultation with a hematologist or a provider that specializes in sickle cell disease AND;
- 4. Documentation that the patient has had at least one vaso-occlusive crisis within the past 6 months AND;
- 5. Has a documented baseline hemoglobin AND;
- 6. Patient has tried and failed or has a contraindication to hydroxyurea for at least 3 months.

#### **DENIAL CRITERIA**<sup>1,2</sup>

- 1. Failure to meet approval criteria OR;
- 2. Patient is receiving concomitant, prophylactic blood transfusions OR;
- 3. Concomitantly being prescribed with Adakveo.

#### CAUTIONS1

- Concomitant use of moderate to strong CYP3A4 inhibitors should be avoided.
- Monitor for hypersensitivity reactions and manage promptly.

#### **DURATION OF APPROVAL**

- Approval: Up to 3 months
- Reauthorization: Up to 12 months with documentation showing an increase in hemoglobin and/or decrease in vaso-occlusive crisis related emergencies.

#### **OUANTITY LIMITS**

• 90 – 500mg tablets per 30 days

Oxbryta™ Criteria Version: 1

Original: 02/28/2020 Approval: 4/17/2020 Effective: 6/15/2020

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# **REFERENCES / FOOTNOTES:**

- 1. Oxbryta<sup>TM</sup> [prescribing information]. San Francisco, CA: Global Blood Therapeutics; November 2019.
- 2. Brown C, Hoppe C, Inati A, et al. Efficacy and Safety of 1500 mg Voxelotor in a Phase 2a Study (GBT440-007) in Adolescents with Sickle Cell Disease. Blood:132(Suppl 1):509. Accessed November 26, 2019.

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