Commercial/Healthcare Exchange PA Criteria

Effective: February 10, 2022

Prior Authorization: Voxzogo

Products Affected: Voxzogo (vosoritide) subcutaneous injection

Medication Description: Voxzogo, a C type natriuretic peptide (CNP) analog, is indicated to increase linear growth in pediatric patients with achondroplasia who are ≥ 5 years of age with open epiphyses.

Covered Uses: Achondroplasia

Exclusion Criteria:

1. Short stature conditions other than Achondroplasia; such as:
   A. Hypochondroplasia
   B. Thanatophoric Dysplasia
   C. Pseudoachondroplasia
   D. Trisomy 21
2. Concurrent Treatment with Growth Hormone, Long-Acting Growth Hormone or Insulin-like Growth Factor-1

Required Medical Information:

1. Diagnosis
2. Current Medical History
3. Current Medications

Prescriber Restriction: The medication is prescribed by or in consultation with a pediatric endocrinologist.

Age Restriction: ≥ 5 years old and < 18 years of age

Coverage Duration: 12 months

Other Criteria:

Initial Approval Criteria

1. Achondroplasia:

A. Initial Therapy or Patient Has Been on Voxzogo < 1 Year. Approve if the patient meets **ALL** of the following (i, ii, iii, **and** iv):

i. The diagnosis of achondroplasia has been confirmed by genetic testing with an identifiable mutation in the fibroblast growth factor receptor type 3 (FGFR3) gene; **AND**

ii. Patient meets both of the following (a **and** b):

a. Patient's epiphyses are open; **AND**

b. There is evidence of annualized growth velocity ≥ 1.5 cm/year; **AND**

iii. Patient will not have limb-lengthening surgery during treatment with Voxzogo; **AND**

iv. The prescriber has confirmed the patient is able to drink approximately 240 to 300 mL of fluid in the hour prior to Voxzogo administration

Renewal Criteria

1. Achondroplasia

A. Patient Has Been Receiving Voxzogo for ≥ 1 Year. Approve if the patient meets **ALL** of the following (i, ii, iii, iv, **and** v):

i. The diagnosis of achondroplasia has been confirmed by genetic testing with an identifiable mutation in the fibroblast growth factor receptor type 3 (FGFR3) gene; **AND**

ii. Patient meets both of the following (a **and** b):

a. Patient's epiphyses are open; **AND**

b. There is evidence of annualized growth velocity ≥ 1.5 cm/year; **AND**

iii. Patient will not have limb-lengthening surgery during treatment with Voxzogo; **AND**

iv. The prescriber has confirmed the patient is able to drink approximately 240 to 300 mL of fluid in the hour prior to Voxzogo administration; **AND**

v. Patient's most recent annualized growth velocity continues to be above their baseline annualized growth velocity value (i.e., before the patient started on Voxzogo).

References:

1. Voxzogo™ subcutaneous injection [prescribing information]. Novato, CA: BioMarin; November 2021.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	2/10/2022