



**Commercial/Healthcare Exchange PA Criteria**  
*Effective: February 11, 2020*

**Prior Authorization:** Oxbryta

**Products Affected:** Oxbryta (voxelotor) oral tablets

**Medication Description:** Oxbryta, a hemoglobin S (or sickle hemoglobin) polymerization inhibitor, binds to the sickle hemoglobin and increases the affinity for oxygen, thereby decreasing the concentration of deoxygenated sickle hemoglobin and resulting in decreased polymerization.

**Covered Uses:** Treatment of sickle cell disease (SCD) in adults and pediatric patients 12 years of age and older.

**Exclusion Criteria:** N/A

**Required Medical Information:**

1. Diagnosis
2. Medical history

**Age Restrictions:** 12 years of age or older

**Prescriber Restrictions:** Prescribed by, or in consultation with, a physician who specializes in sickle cell disease (e.g., a hematologist).

**Coverage Duration:** 12 months

**Other Criteria:**

- A. Patient has a diagnosis of sickle cell disease; AND
- B. Prior to treatment with Oxbryta, patient has a history of at least two vaso-occlusive crisis (VOC) in the prior 12 months.

**References:**

1. Oxbryta™ [prescribing information]. San Francisco, CA: Global Blood Therapeutics; November 2019.
2. Piel FB, Steinberg MH. Sickle cell disease. *N Engl J Med.* 2017;376:1561-1573.
3. The National Institutes of Health – National Heart, Lung, and Blood Institute Evidence-Based Management of Sickle Cell Disease, Expert Panel Report 2014. Available at: <http://www.nhlbi.nih.gov/guidelines>. Accessed on November 18, 2019.

Last Rev. February, 2020

## Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	2/6/2020

