UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 1307-7
Program	Prior Authorization/Notification
Medication	Oxbryta™ (voxelotor)
P&T Approval Date	1/2020, 4/2020, 1/2021, 1/2022, 2/2022, 2/2023, 2/2024
Effective Date	5/1/2024

1. Background:

Oxbryta is a hemoglobin S polymerization inhibitor indicated for the treatment of sickle cell disease in adults and pediatric patients 4 years of age and older.

This indication is approved under accelerated approval based on increase in hemoglobin (Hb). Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trial(s).

2. Coverage Criteria[a]:

A. Initial Authorization

1. **Oxbryta** will be approved based on the following criteria:

   a. Diagnosis of sickle cell disease

   Authorization will be issued for 12 months.

B. Reauthorization

1. **Oxbryta** will be approved based on the following criteria:

   a. Documentation of positive clinical response to Oxbryta therapy

   Authorization will be issued for 12 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Oxbryta [package insert]. South San Francisco, CA: Global Blood Therapeutics, Inc.; August, 2023.

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Change Control	
1/2020	New program
4/2020	Removed state mandate note.
1/2021	Annual review. No updates.
1/2022	Annual review with no changes to clinical criteria. Updated reference.
2/2022	Updated background with expanded indication for patients 4 years to 11 years of age. Updated reference.
2/2023	Annual review with no changes to coverage criteria. Added state mandate footnote and updated reference.
2/2024	Annual review. Simplified reauthorization criteria and updated authorization durations to 12 months. Updated reference.