AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Oxbryta	Page:	1 of 2
Effective Date:	1/13/2025	Last Review Date:	12/4/2024
Applies to:	☒Illinois ☒Florida Kids ☒New Jersey ☒Maryland ☒Pennsylvania Kids ☐Virginia		

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Oxbryta under the patient's prescription drug benefit.

Description:

Oxbryta is indicated for the treatment of sickle cell disease (SCD) in adults and pediatric patients 4 years of age and older.

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Oxbryta

Policy/Guideline:

Prescriber Specialties:
Oxbryta must be prescribed by or in consultation with a hematologist or specialist in sickle cell disease.

Criteria for Initial Approval:

Sickle cell disease (SCD)
Authorization of 6 months may be granted for treatment of sickle cell disease in members 4 years of age or older with a pretreatment hemoglobin level of 10.5 g/dL or less, when the patient is unable to take Endari for the given diagnosis, due to a trial and inadequate treatment response, or intolerance, or a contraindication and EITHER of the following criteria is met:

A. Member has sickle hemoglobin C (HbSC), sickle β^+-thalassemia (HbSβ^+), or other genotypic variants of sickle cell disease (e.g., HbS-O Arab, HbS-Lepore.
B. Member has homozygous hemoglobin S (HbSS) or sickle β^0-thalassemia (HbSβ^0) genotype AND meets ANY of the following:
    1. Has experienced, at any time in the past, an inadequate response or intolerance to a trial of hydroxyurea.
    2. Has a contraindication to hydroxyurea.
    3. Will be using Oxbryta with concurrent hydroxyurea therapy.

Note: Requirements regarding pretreatment hemoglobin level exclude values due to a recent transfusion.

Criteria for Continuation of Therapy:

Sickle cell disease (SCD)
Authorization of 12 months may be granted for continued treatment in members experiencing benefit from therapy demonstrated by increased hemoglobin levels or maintenance of increased hemoglobin levels since starting treatment.

Approval Duration and Quantity Restrictions:

Initial Approval: 6 months
Renewal Approval: 12 months

Quantity Limits:

- 500 mg tablet: 90 tablets per 30 days
- 300 mg tablets for oral suspension: 150 tablets per 30 days

References:

1. Oxbryta [package insert]. South San Francisco, CA: Global Blood Therapeutics, Inc.; August 2023.
2. Vichinsky E, Hoppe CC, Ataga KI, et al. A phase 3 randomized trial of voxelotor in sickle cell disease. N Engl J Med. 2019 Aug 8;381(6):509-519.