Cigna National Formulary Coverage Policy

Effective Date..... 2/1/2023
Next Review Date..... 2/1/2024

Drug Quantity Management – Per Rx
Sickle Cell Disease – Oxbryta® (voxelotor tablets)

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Product Identifer(s)

Effective through 12/31/2022: 79252
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INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

National Formulary Medical Necessity

This Drug Quantity Management program has been developed to manage potential dose escalation of Oxbryta. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted.

Drug Quantity Limits

Product	Strength and Form	Retail Maximum Quantity per Rx	Home Delivery Maximum Quantity per Rx
Oxbryta™ (voxelotor tablets)	500 mg tablets	90 tablets	270 tablets
	300 mg tablets for oral suspension	150 tablets for oral suspension	450 tablets for oral suspension

Criteria

Cigna covers quantities as medically necessary when the following criteria are met:

1. Approve the requested quantity, not to exceed 150 tablets per dispensing at retail or 450 tablets per dispensing at home delivery, if the individual meets ONE of the following (A or B):
   a. Individual is ≥ 12 years of age and is taking Oxbryta with a moderate or strong cytochrome P450 (CYP)3A4 inducer; OR
   b. Individual meets all of the following (i, ii, and iii):
      i. Individual is 4 to 11 years of age; AND
      ii. Individual weighs ≥ 40 kg; AND
      iii. Individual is taking Oxbryta with a moderate or strong CYP3A4 inducer.

   Note: Examples of moderate or strong CYP3A4 inducers include, but are not limited to, carbamazepine, enzalutamide, apalutamide, mitotane, phenytoin, rifampin, St. John's wort, bosentan, efavirenz, etravirine, phenobarbital, and primidone.

Oxbryta 300 mg tablets for oral suspension

1. Approve the requested quantity, not to exceed 240 tablets for oral suspension per dispensing at retail or 720 tablets for oral suspension per dispensing at home delivery, if the individual meets all of the following (A, B, and C):
   a. Individual is 4 to 11 years of age; AND
   b. Individual weighs ≥ 40 kg; AND
   c. Individual is taking Oxbryta with a moderate or strong cytochrome P450 (CYP)3A4 inducer..

   Note: Examples of moderate or strong CYP3A4 inducers include, but are not limited to, carbamazepine, enzalutamide, apalutamide, mitotane, phenytoin, rifampin, St. John's wort, bosentan, efavirenz, etravirine, phenobarbital, and primidone.

Conditions Not Covered

Any other exception is considered not medically necessary.

Background

Overview

Oxbryta, a hemoglobin S (or sickle hemoglobin) polymerization inhibitor, is indicated for the **treatment of sickle cell disease** in patients ≥ 4 years of age.[1]

Dosing

- **Patients ≥ 12 years of age:** 1,500 mg once daily (QD) with or without food.[1]
  - Severe hepatic impairment (Child Pugh C): 1,000 mg QD.
    - No dose adjustment is need for patients with mild or moderate hepatic impairment.
  - Drug interactions: Concomitant use of Oxbryta with strong or moderate cytochrome P450 (CYP)3A4 inducers should be avoided. If concomitant use with these agents cannot be avoided, the dose of Oxbryta should be adjusted to 2,500 mg QD in patients receiving strong CYP3A4 inducers and 2,000 mg in patients receiving moderate CYP3A4 inducers.
- **Patients 4 to < 12 years of age:** Select either the Oxbryta tablets or tablets for oral suspension based on the patient's ability to swallow tablets and the patient's weight (Table 1).

Table 1. Recommended Oxbryta Dosing in Patients 4 to < 12 years of age.[1]

Body Weight	Oxbryta Dose	Severe Hepatic Impairment* (Child Pugh C)	Concomitant use of Moderate CYP3A4 Inducers	Concomitant use of Strong CYP3A4 Inducers
≥ 40 kg	1,500 mg QD	1,000 mg QD or 900 mg QD	2,000 mg QD or 2,100 mg QD	2,500 mg QD or 2,400 mg QD
20 kg to < 40 kg	900 mg QD	600 mg QD	1,200 mg QD	1,500 mg QD
10 kg to < 20 kg	600 mg QD	300 mg QD	900 mg QD	900 mg QD

* No dose adjustment is required for patients with mild to moderate hepatic impairment; CYP – Cytochrome P450; QD – Once daily.

Availability and Administration
Oxbryta is available as 500 mg tablets and 300 mg tablets for oral suspension.[1] Tablets and tablets for oral suspension should not be cut, crushed, or chewed. Oxbryta tablets should be swallowed whole. Immediately before administration, tablets for oral suspension should be dispersed in a cup of room temperature liquid before swallowing.

References

1. Oxbryta® [prescribing information]. San Francisco, CA: Global Blood Therapeutics; December 2021.

Revision History

Type of Revision	Summary of Changes	Approval Date
Annual Revision	Policy was updated to include the existing quantity limits when the product is obtained via home delivery. **Oxbryta 500 mg tablets:** Criteria were updated to approve "the requested quantity, not to exceed" 150/450 tablets per dispensing at retail and home delivery, respectively, for patients who are taking an interacting drug. Previously, criteria approved exactly 150/450 tablets. **Oxbryta 300 mg tablets for oral suspension:** Criteria were updated to approve "the requested quantity, not to exceed" 240/720 tablets per dispensing at retail and home delivery, respectively, for patients who are taking an interacting drug. Previously, criteria approved exactly 240/720 tablets.	11/22/2022