Health Alliance™ Pharmacy Drug Policy Checklist

POLICY NAME	Voxzogo (vosoritide)	POLICY #	3213P

Criteria

Coverage Criteria

- ☐ Diagnosis of achondroplasia confirmed through genetic testing
  - Genetic testing must confirm an identifiable mutation in the fibroblast growth factor receptor type

(FGFR3) gene Diagnosis must be supported by symptoms or imaging tests consistent with a diagnosis of achondroplasia such as enlarged head, prominent forehead, shortened facial bones, shortened long bones with mid-bone abnormalities, etc

- ☐ Documentation or imaging to support open epiphyses (open growth plates that should be closed)
- ☐ Age <18 years old
- ☐ Prescribed by or with a geneticist (gene doctor), skeletal dysplasia specialist, or endocrinologist (endocrine system doctor)
- ☐ Documentation of recent growth velocity ≥ 1.5 centimeters/year
- ☐ Documentation patient is able to walk and stand without assistance

Exclusion Criteria – Any of the following prevents coverage

- ☐ Previous treatment with growth hormone or insulin-like growth factor within the past 6 months
- ☐ Planned or expected limb lengthening surgery
- ☐ Short stature related to a condition other than achondroplasia