

POLICY NAME	Oxbryta (voxelotor)	POLICY #	2732P
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Criteria

Coverage Criteria

- ☐ 1.1 Diagnosis of sickle cell disease with one or more vaso-occlusive crises in the past year
- ☐ 1.2 Age 4 years or older
- ☐ 1.3 Prescribed by or in consultation with a hematologist (blood doctor)
- ☐ 1.4 Previous trial and failure, intolerance, or contraindication to hydroxyurea
- ☐ 1.5 Baseline hemoglobin (Hb) of less than or equal to 10.5g/dL