



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria

Oxbryta™ (voxelotor)

**Review Criteria**

Member must meet all the following criteria:

- Member must be at least four years of age.
- Member must have a diagnosis of sickle cell disease.
- Member must have had an inadequate response, contraindication or intolerance to hydroxyurea (can be used concurrently).
- Initial approval granted for three months.
- Renewal authorization granted for one year.
  - Provider must attest that member has had a reduction in vasoocclusive crises from baseline.

Limitations:

- Maximum daily dose is 3.0.