



# TEXAS MEDICAID

## Clinical Edit Prior Authorization voxelotor (OXBRYTA)

### STEP 1: CLEARLY PRINT AND COMPLETE TO EXPEDITE PROCESSING

Date:	Prescriber First & Last Name:
Patient First & Last Name:	Prescriber NPI:
Patient Address:	Prescriber Address:
Patient ID:	Prescriber Phone:
Patient Date of Birth:	Prescriber Fax:

### STEP 2: CLINICAL PRIOR AUTHORIZATION CRITERIA

1. Is the client greater than or equal to (≥) 4 years of age?

Yes (Go to #2)
  No (Deny)
2. Does the client have a diagnosis of sickle cell disease in the last 730 days?

Yes (Go to #3)
  No (Deny)
3. Does the client have a diagnosis of severe hepatic impairment in the last 365 days?

Yes (Go to #6)
  No (Go to #4)
4. Does the client have a claim for a CYP3A4 substrate with a narrow therapeutic index (NTI) in the last 45 days?

Examples include AFINITOR, sirolimus (RAPAMUNE), tacrolimus (ASTAGRAF XL, ENVARSUS XR, PROGRAF), and ZORTRESS.

Yes (Deny)
  No (Go to #5)
5. Does the client have a claim for a strong or moderate CYP3A4 inducer in the last 45 days?

Examples include APTIOM, ATRIPLA, bexarotene (TARGRETIN), bosentan (TRACLEER), BUPAP, butalbital/acetaminophen/caffeine (ESGIC, FIORICET, ZEBUTAL), butalbital/acetaminophen/caffeine/codeine, butalbital/aspirin/caffeine (FIORINAL), butalbital compound-codeine, carbamazepine (CARBATROL, EPITOL, EQUETRO, TEGRETOL), dexamethasone, efavirenz (SUSTIVA), INTELENCE, LYSODREN, modafinil (PROVIGIL), ORILISSA, ORKAMBI, phenobarbital, phenytoin (DILANTIN, PHENYTEK), PRIFTIN, primidone (MYSOLINE), rifabutin (MYCOBUTIN), RIFAMATE, rifampin (RIFADIN), RIFATER, SYMFI, TAFINLAR, and XTANDI.

Yes (Go to #6)
  No (Go to #7)



6. Is the requested dose greater than (>) the maximum recommended adjusted dosage (Please see Table 1)?

Yes (Deny)

No (Approve – 365 days)

7. Is the requested dose greater than (>) the maximum recommended dosage (Please see Table 2)?

Yes (Deny)

No (Approve – 365 days)

**STEP 3: SIGN AND FAX TO: NAVITUS PRIOR AUTHORIZATION AT: 855-668-8553**

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If criteria not met, submit chart documentation with form citing complex medical circumstances. For questions, please call Navitus Customer Care at 1-877-908-6023.

**Table 1 (Maximum Recommended Adjusted Dosing)**

<b>Severe Hepatic Impairment (Child Pugh C)</b>	<p>≥ 12 years: 1,000mg daily</p> <p>≥ 4 to &lt; 12 years and ≥ 40kg: 1,000mg (two 500mg tablets) or 900mg (three 300mg tablets for oral suspension) daily</p> <p>≥ 4 to &lt; 12 years and 20kg to &lt; 40kg: 600mg daily</p> <p>≥ 4 to &lt; 12 years and 10kg to &lt; 20kg: 300mg daily</p>
<b>Concomitant use with strong CYP3A4 inducers</b>	<p>≥ 12 years: 2,500mg daily</p> <p>≥ 4 to &lt; 12 years and ≥ 40kg: 2,500mg (five 500mg tablets) or 2,400mg (eight 300mg tablets for oral suspension) daily</p> <p>≥ 4 to &lt; 12 years and 20kg to &lt; 40kg: 1,500mg daily</p> <p>≥ 4 to &lt; 12 years and 10kg to &lt; 20kg: 900mg daily</p>
<b>Concomitant use with moderate CYP3A4 inducers</b>	<p>≥ 12 years: 2,000mg daily</p> <p>≥ 4 to &lt; 12 years and ≥ 40kg: 2,000mg (four 500mg tablets) or 2,100mg (seven 300mg tablets for oral suspension) daily</p> <p>≥ 4 to &lt; 12 years and 20kg to &lt; 40kg: 1,200mg daily</p> <p>≥ 4 to &lt; 12 years and 10kg to &lt; 20kg: 900mg daily</p>



**Table 2 (Maximum Recommended Dosing)**

<b>Recommended Dosing</b>	<p>≥ 12 years: 1,500mg daily</p> <p>≥ 4 to &lt; 12 years and ≥ 40kg: 1,500mg daily</p> <p>≥ 4 to &lt; 12 years and 20kg to &lt; 40kg: 900mg daily</p> <p>≥ 4 to &lt; 12 years and 10kg to &lt; 20kg: 600mg daily</p>
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