

Clinical Oversight Review Board (CORB) Criteria for Prescribing/ Criteria-Based Consultation (CBC) Criteria for Coverage

Vosoritide (Voxzogo)

Notes:

- Quantity Limits: Yes

Initiation (new start) criteria and criteria for current Kaiser Permanente members and new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:

Non-formulary vosoritide (Voxzogo) will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescriber is a geneticist and/or pediatric endocrinologist
- Patient has a diagnosis of achondroplasia and genetic testing confirming FGFR3 mutation associated with achondroplasia
- Patient has open epiphyses
- Patient is ambulatory or expected to be ambulatory in the near future
- Patient has an estimated glomerular filtration rate greater than 60 mL/min/1.73 m²
- Patient has a bone age of less than 14 years (females) or less than 16 years (males)
- Patient has been reviewed by the Kaiser Permanente Interregional Consultative Physician Panel, with recommendation to use medication

Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication:

Non-formulary vosoritide (Voxzogo) continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Documentation of positive clinical response to vosoritide (Voxzogo) therapy (e.g., improvement in annualized growth velocity compared to baseline)
- Vosoritide therapy continues to be managed by a geneticist or pediatric endocrinologist.
- Patient continues to have open epiphyses
- Patient continues to be managed by genetics and/or pediatric endocrinology