

Texas Prior Authorization Program Clinical Criteria

Drug/Drug Class

Voxzogo (Vosoritide)

This criteria was recommended for review by Kepro to ensure appropriate and safe utilization

Clinical Information Included in this Document

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Annual review by staff

Updated age requirement to 2 years and older

Updated references



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Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
VOXZOGO 0.4 MG VIAL	51523
VOXZOGO 0.56 MG VIAL	51524
VOXZOGO 1.2 MG VIAL	51525



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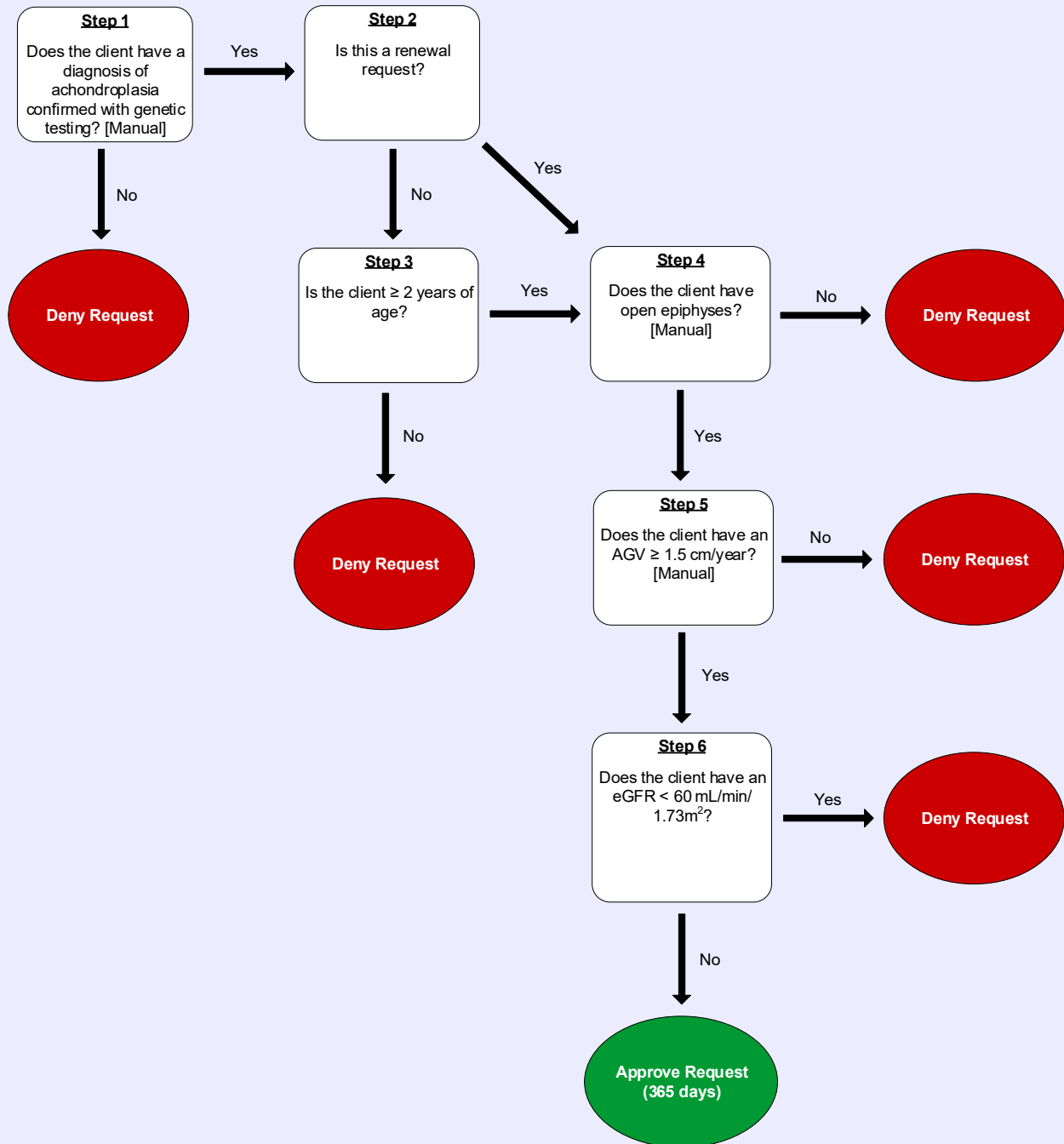
Clinical Criteria Logic

1. Does the client have diagnosis of **achondroplasia** confirmed with genetic testing? [Manual]
 - Yes (Go to #2)
 - No (Deny)
2. Is this a renewal request?
 - Yes (Go to #4)
 - No (Go to #3)
3. Is the client greater than or equal to (\geq) 2 years of age?
 - Yes (Go to #4)
 - No (Deny)
4. Does the client have open epiphyses? [Manual]
 - Yes (Go to #5)
 - No (Deny)
5. Does the client have an annualized growth velocity (AGV) greater than or equal to (\geq) 1.5 cm/year? [Manual]
 - Yes (Go to #6)
 - No (Deny)
6. Does the client have an **eGFR < 60 mL/min/1.73m²** (CKD stages 3, 4 and 5)?
 - Yes (Deny)
 - No (Approve – 365 days)



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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Step 1 (diagnosis of achondroplasia) Required diagnoses: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
Q774	ACHONDROPLASIA

Step 6 (diagnosis of chronic kidney disease, eGFR < 60) Required quantity: 1 Look back timeframe: 180 days	
ICD-10 Code	Description
N1830	CHRONIC KIDNEY DISEASE, STAGE 3 UNSPECIFIED (eGFR 59 to 30)
N1831	CHRONIC KIDNEY DISEASE, STAGE 3A (eGFR 59 to 45)
N1832	CHRONIC KIDNEY DISEASE, STAGE 3B (eGFR 44 to 30)
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) (eGFR 29 to 15)
N185	CHRONIC KIDNEY DISEASE, STAGE 5 (eGFR < 15)
N186	END STAGE RENAL DISEASE



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Clinical Criteria References

1. 2022 ICD-10-CM Diagnosis Codes. 2022. Available at www.icd10data.com. Accessed on April 22, 2022.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2023. Available at www.clinicalpharmacology.com. Accessed on August 18, 2023.
3. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on August 18, 2023.
4. Voxzogo Prescribing Information. Novato, CA. BioMarin Pharmaceuticals Inc. October 2023.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
04/22/2022	<ul style="list-style-type: none">Initial publication and presentation to the DUR Board
02/20/2024	<ul style="list-style-type: none">Updated age requirement to 2 years and older
05/14/2024	<ul style="list-style-type: none">Annual review by staffUpdated references