

Texas Prior Authorization Program  
Clinical Criteria

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## Drug/Drug Class

### Voxzogo (Vosoritide)

This criteria was recommended for review by Acentra Health to ensure appropriate and safe utilization.

#### Clinical Criteria 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 references



## Voxzogo (Vosoritide)

### Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit [txvendordrug.com/formulary/formulary-search](https://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



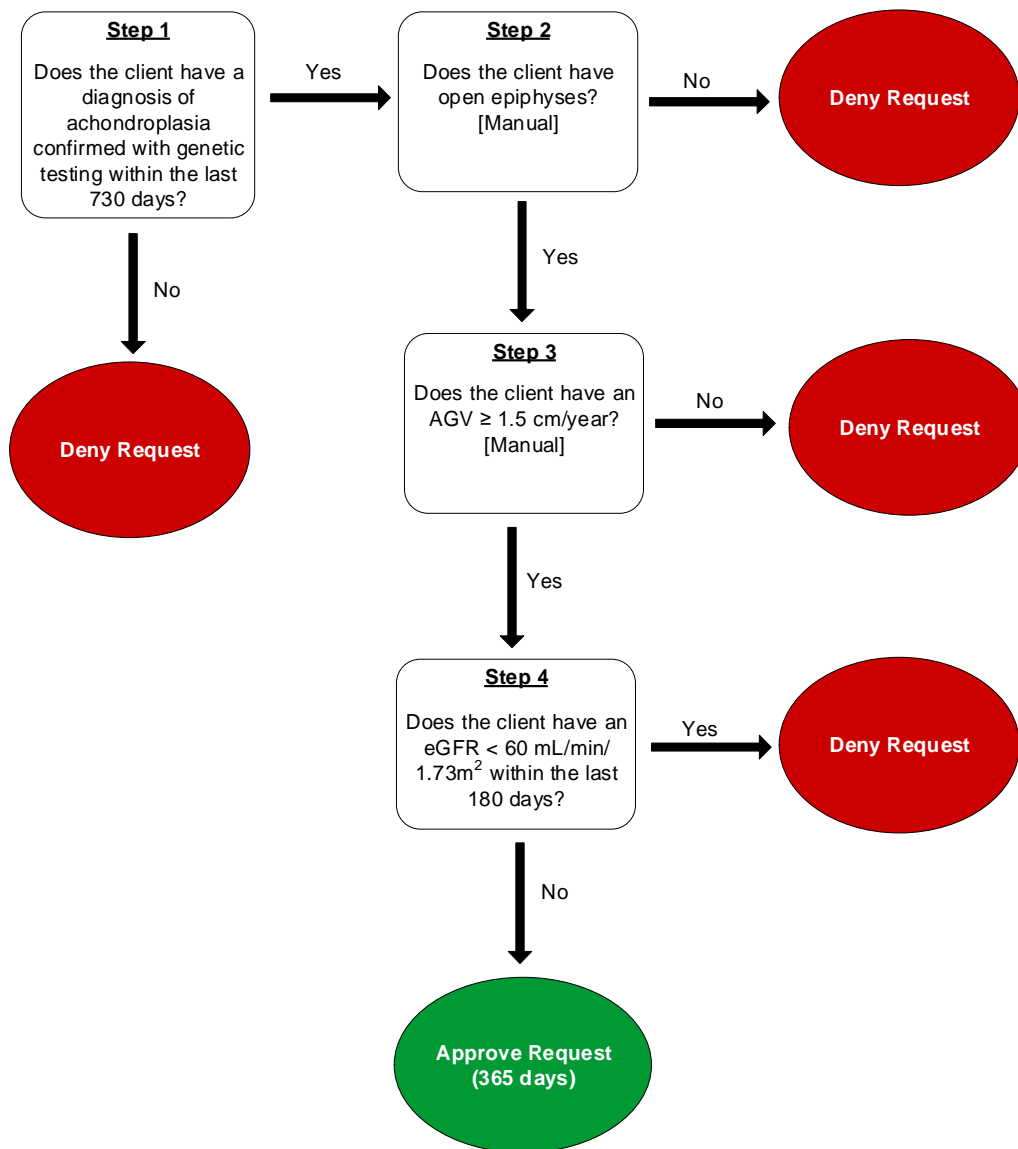
## Voxzogo (Vosoritide)

### Clinical Criteria Logic

1. Does the client have [diagnosis of achondroplasia](#) confirmed with genetic testing within the last 730 days?  
☐ Yes – Go to #2  
☐ No – Deny
2. Does the client have open epiphyses? [Manual]  
☐ Yes – Go to #3  
☐ No – Deny
3. Does the client have an annualized growth velocity (AGV) greater than or equal to ( $\geq$ ) 1.5 cm/year? [Manual]  
☐ Yes – Go to #4  
☐ No – Deny
4. Does the client have an [eGFR < 60 mL/min/1.73m<sup>2</sup>](#) (CKD stages 3, 4, and 5) within the last 180 days?  
☐ Yes – Deny  
☐ No – Approve (365 days)



## Voxzogo (Vosoritide) Clinical Criteria Logic Diagram





## Voxzogo (Vosoritide)

### Clinical Criteria Supporting Tables

<b>Table 1 (diagnosis of achondroplasia)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
Q774	ACHONDROPLASIA

<b>Table 4 (diagnosis of chronic kidney disease, eGFR &lt; 60)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 180 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
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



## Voxzogo (Vosoritide)

### Clinical Criteria References

1. 2025 ICD-10-CM Diagnosis Codes. 2025. Available at [www.icd10data.com](http://www.icd10data.com). Accessed on May 11, 2025.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on March 17, 2025.
3. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on March 17, 2025.
4. Voxzogo Prescribing Information. Novato, CA. BioMarin Pharmaceuticals Inc. November 2024.

**Voxzogo (Vosoritide)****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"><li>Initial publication and presentation to the DUR Board</li></ul>
02/20/2024	<ul style="list-style-type: none"><li>Updated age requirement to 2 years and older</li></ul>
05/14/2024	<ul style="list-style-type: none"><li>Annual review by staff</li><li>Updated references</li></ul>
07/25/2024	<ul style="list-style-type: none"><li>Removed renewal question (no difference in questions for an initial or renewal request) and lower age limit.</li></ul>
01/31/2025	<ul style="list-style-type: none"><li>Annual review by staff</li><li>Updated references</li></ul>