

# Danicopan



Included Products: Voydeya (danicopan)

Created: 07/11/2024    Revised: 07/11/2024    Reviewed: 07/11/2024    Updated: 08/01/2024

## All Diagnoses

Initial Criteria: All Diagnoses		If yes	If no
1.	Is the drug prescribed by or in consultation with a hematologist?	Continue to #2	Continue to #4
2.	Is the drug supported for the submitted indication?	Proceed to indication specific criteria below.	Continue to #3
3.	Has the case’s medical necessity been confirmed with external specialist and medical director review?	Continue to #4	Do not approve.
4.	Approve for 6 months.		
Renewal Criteria		If yes	If no
1.	Is there documentation which demonstrates a clinically significant and meaningful response to therapy?	Continue to #2	Do not approve.
2.	Has the case’s medical necessity been confirmed with medical director?	Continue to #3	Do not approve.
3.	Approve for 6 months.		

## Paroxysmal Nocturnal Hemoglobinuria

Initial Criteria: All Diagnoses		If yes	If no
1.	Does the member have a diagnosis of paroxysmal nocturnal hemoglobinuria (PNH) and using the drug to reduce hemolysis?	Continue to #2	Continue to #3
2.	Has the cases medical necessity been confirmed with external specialist and medical director review?	Continue to #3	Do not approve.
3.	Approve for 6 months.		