

# Daprodustat



**Included Products:** Jesduvrog (daprodustat)

Nonformulary for outpatient benefit. PA required on medical benefit.

Created: 01/11/2024

Revised: 01/11/2024

Reviewed: 01/11/2024

Updated: 02/01/2024

## All Diagnoses

Initial Criteria		If yes	If no
1.	Is the member 18 years of age or older?	Continue to #2.	Do not approve.
2.	Does the member have a diagnosis of anemia due to chronic kidney disease (CKD)?	Continue to #3.	Do not approve.
3.	Is the member currently receiving dialysis and has been on dialysis for > 4 months?	Continue to #4.	Do not approve.
4.	Does the member meet all of the following criteria? a. Hgb <11 g/dL or Hct <30% and b. Transferrin saturation (TSAT) > 20% AND ferritin > 100 ng/mL?	Continue to #5.	Do not approve.
5.	Has the member failed, or is considered hyporesponsive to ESA therapy by the following definition? a. The need for >300 IU/kg epoetin alfa per week b. The need for >1.5 mcg/kg darbepoetin per week	Continue to #6.	Do not approve.
6.	Approve for 3 months.		
Renewal Criteria		If yes	If no
1.	Is the member currently taking Jesduvrog and has maintained adequate iron stores (transferrin saturation >20%)?	Continue to #2.	Do not approve.
2.	Has the member seen a response to treatment, such as increased Hgb/Hct from baseline or maintenance of goal Hgb/Hct?	Continue to #3.	Do not approve.
3.	Approve for 12 months.		