

Difelikefalin



Included Products: Korsuva (difelikefalin)

Nonformulary for outpatient benefit. PA required on medical benefit.

Created: 07/14/2022

Revised: 07/14/2022

Reviewed: 07/14/2022

Updated: 08/01/2022

All Diagnoses

Initial Criteria		If yes	If no
1.	Does the member have a diagnosis of pruritus associated with chronic kidney disease.	Continue to #2.	Do not approve.
2.	Does the member have ESRD with dialysis at least 3 times weekly?	Continue to #3.	Do not approve.
3.	Has the member tried and failed diphenhydramine, hydroxyzine, gabapentin, pregabalin, montelukast?	Continue to #4.	Do not approve.
4.	Has the case's medical necessity been confirmed with a medical director?	Continue to #5.	Have these activities completed.
5.	Approve for 3 months.		
Renewal Criteria		If yes	If no
1.	Is there documentation which demonstrates a clinically significant and meaningful response to therapy?	Approve for 12 months.	Do not approve.