

VADADUSTAT



Included Products: Vafseo (vadadustat)

Created: 11/14/2024 Revised: 11/14/2024 Reviewed: 11/14/2024 Updated: 12/01/2024

Non-formulary on the pharmacy benefit. PA required on the medical benefit.

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 > 3 months?	Continue to #4	Do not approve
4.	Does the member meet all of the following criteria? a. Hgb <11g/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. Requires >300 IU/kg epoetin alfa per week, OR b. Requires >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 Vafseo 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.		

