Medical Policy:

Jesduvroq (daprodustat) oral tablets

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.402	November 9, 2023	November 9, 2023

Definitions

Length of Authorization

Initial: 6 months
Continuation: 12 months

Dosing Limits [Medical Benefit]

Maximum: 24mg once daily

Guideline

I. Initial

1. **Anemia in a Patient with Chronic Kidney Disease who is on Dialysis.** Approve if the patient meets the following (A, B, C, and D):
   A. Patient is ≥ 18 years of age; **AND**
   B. Patient has been receiving dialysis for at least 4 consecutive months; **AND**
   C. Patient meets **ONE** of the following (i or ii):

i. Patient meets **BOTH** of the following (a and b):
   a. Patient is currently receiving an erythropoiesis-stimulating agent **AND** transitioning to Jesduvroq; **AND**

   Note: Examples of erythropoiesis-stimulating agents include epoetin alfa products (e.g., Epogen, Procrit, or Retacrit intravenous or subcutaneous injection), Aranesp (darbepoetin alfa intravenous or subcutaneous injection), or Mircera (methoxy polyethylene glycol-epoetin beta intravenous or subcutaneous injection).
   b. Patient has a hemoglobin level ≤ 12.0 g/dL; **OR**

ii. Patient meets **BOTH** of the following (a and b):
   a. Patient is **NOT** currently receiving an erythropoiesis-stimulating agent; **AND**

   Note: Examples of erythropoiesis-stimulating agents include epoetin alfa products (e.g., Epogen, Procrit, or Retacrit intravenous or subcutaneous injection), Aranesp (darbepoetin alfa intravenous or subcutaneous injection), or Mircera (methoxy polyethylene glycol-epoetin beta intravenous or subcutaneous injection).
   b. Patient has a baseline (prior to initiation of Jesduvroq) hemoglobin level < 11 g/dL; **AND**

D. Patient meets one of the following (i or ii):
   i. Patient is currently receiving iron therapy; **OR**
   ii. According to the prescriber, patient has adequate iron stores

II. Renewal

1. **Anemia in a Patient with Chronic Kidney Disease who is on Dialysis.**

Approve if the patient meets the following (A, B, C, D, and E):

Note: For a patient who has not received 6 months (24 weeks) of therapy or who is restarting therapy, refer to Initial Therapy criteria above.

A. Patient is ≥ 18 years of age; **AND**
B. Patient has been receiving dialysis for at least 4 consecutive months; AND
C. Patient has a hemoglobin level ≤ 12.0 g/dL; **AND**
D. Patient meets ONE of the following (i or ii):
   i. Patient is currently receiving iron therapy; **OR**
   ii. According to the prescriber, patient has adequate iron stores; **AND**
E. According to the prescriber, patient has experienced a response to therapy.
   Note: Examples of a response include an increase or stabilization in hemoglobin levels or a reduction or absence in red blood cell transfusions

Applicable Procedure Codes

Code	Description
J0889	Daprodustat, oral, 1 mg, (for esrd on dialysis)

Applicable NDCs

Code	Description
00173-0914-13	JESDUVROQ 8MG Tablet
00173-0911-13	JESDUVROQ 6MG Tablet
00173-0903-13	JESDUVROQ 2MG Tablet
00173-0906-13	JESDUVROQ 4MG Tablet

ICD-10 Diagnoses

Code	Description
N18.9	Chronic Kidney Disease, unspecified
N18.6	ESRD
D63.1	Anemia in chronic kidney disease

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	10/13/2023	New Policy

References

1. Product Information: JESDUVROQ oral tablets, daprodustat oral tablets. GlaxoSmithKline (per FDA), Durham, NC, 2023.