



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

DAPRODUSTAT

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
DAPRODUSTAT	JESDUVROQ	48668		GPI-10 (8240252000)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of anemia due to chronic kidney disease (CKD) and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - Therapy is prescribed by or in consultation with a nephrologist
 - The patient has been receiving dialysis for at least 4 months
 - The patient has an eGFR of less than 60 mL/min/1.73m(2) corresponding to stage 3, 4, or 5 chronic kidney disease (CKD)

If yes, continue to #2.

If no, do not approve.

DENIAL TEXT: See the initial denial text at the end of the guideline.

2. Is the patient currently being treated with an erythropoiesis-stimulating agent (ESA) (e.g., Epogen, Procrit)?

If yes, continue to #4.

If no, continue to #3.

3. Does the patient have a hemoglobin level of less than 11 g/dL?

If yes, **approve for 24 weeks by GPID or GPI-14 for all strengths as follows:**

- **1mg: #1 per day.**
- **2mg: #1 per day.**
- **4mg: #1 per day.**
- **6mg: #2 per day.**
- **8mg: #3 per day.**

If no, do not approve.

DENIAL TEXT: See the initial denial text at the end of the guideline.

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INITIAL CRITERIA (CONTINUED)

4. Does the patient meet **ALL** of the following criteria?

- The patient has a hemoglobin level of less than 12 g/dL
- The patient will discontinue the erythropoiesis-stimulating agent (ESA) (e.g., Epogen, Procrit) prior to starting Jesduvroq

If yes, approve for 24 weeks by GPID or GPI-14 for all strengths as follows:

- 1mg: #1 per day.
- 2mg: #1 per day.
- 4mg: #1 per day.
- 6mg: #2 per day.
- 8mg: #3 per day.

If no, do not approve.

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **DAPRODUSTAT (Jesduvroq)** requires the following rule(s) be met for approval:

- A. You have a diagnosis of anemia (low amount of healthy red blood cells) due to chronic kidney disease (CKD: long-term kidney disease)
- B. You are 18 years of age or older
- C. Therapy is prescribed by or in consultation with a nephrologist (a type of kidney doctor)
- D. You have been receiving dialysis (process of removing excess water, toxins from the blood) for at least 4 months
- E. You have an estimated glomerular filtration rate (eGFR: a tool for evaluating kidney function) less than 60 mL/min/1.73m(2), confirming stage 3, 4, or 5 chronic kidney disease (CKD)
- F. **If you are NOT currently being treated with an erythropoiesis-stimulating agent (ESA: drugs used to treat anemia such as Epogen or Procrit), approval also requires:**
 1. You have a hemoglobin level (a type of blood test) of less than 11 g/dL
- G. **If you are currently being treated with an erythropoiesis-stimulating agent (ESA: drugs used to treat anemia such as Epogen or Procrit), approval also requires:**
 1. You have a hemoglobin level (a type of blood test) of less than 12 g/dL
 2. You will discontinue ESA therapy before starting Jesduvroq

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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DAPRODUSTAT

RENEWAL CRITERIA

1. Does the patient have a diagnosis of anemia due to chronic kidney disease (CKD) and meet **ONE** of the following criteria?

- The patient has a hemoglobin level of greater than or equal to 10 g/dL
- The patient's hemoglobin level has increased by at least 2 g/dL from their baseline level

If yes, **approve for 12 months by GPID or GPI-14 for all strengths as follows:**

- **1mg: #1 per day.**
- **2mg: #1 per day.**
- **4mg: #1 per day.**
- **6mg: #2 per day.**
- **8mg: #3 per day.**

If no, do not approve.

RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **DAPRODUSTAT (Jesduvroq)** requires the following rule(s) be met for approval:

- A. You have a diagnosis of anemia (low amount of healthy red blood cells) due to chronic kidney disease (CKD: long-term kidney disease)
- B. You meet ONE of the following:
 - 1. You have a hemoglobin level (a type of blood test) of greater than or equal to 10 g/dL
 - 2. Your hemoglobin level has increased by at least 2 g/dL from your baseline level

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Jesduvroq.

REFERENCES

- Jesduvroq [Prescribing Information]. Durham, NC: GlaxoSmithKline; February 2023.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Created: 09/23

Commercial Effective: 10/09/23

Client Approval: 09/23

P&T Approval: 01/23

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