Prior Authorization Group Description	**Jesduvroq**
Drugs	Jesduvroq (daprodustat)
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.
Exclusion Criteria	Diagnosis of uncontrolled hypertension Concomitant use of strong CYP2C8 inhibitors (e.g., gemfibrozil)
Required Medical Information	See "Other Criteria"
Age Restrictions	Member must be at least 18 years of age
Prescriber Restrictions	Prescriber must be a hematologist or nephrologist
Coverage Duration	If all conditions are met, the request will be approved with a 6 month duration.
Other Criteria	**Initial Authorization:** • Member has a diagnosis of chronic kidney disease (CKD) and has been undergoing dialysis for at least four months • Member has a documented hemoglobin between 8.0 and 11.5 g/dL • Member has documentation of trial and failure, intolerance, contraindication, or inability to use erythropoietin stimulating agents (ESA) • Documentation of the current ESA product (e.g., Procrit, Aranesp, etc.) and dose. • The following lab results must be submitted and demonstrate normal values, otherwise, the member MUST be receiving, or is beginning therapy, to correct the deficiency: o Serum ferritin level (> 100ng/mL) o Transferrin saturation (TSAT) (> 20%) • Provider attests that member has no history of myocardial infarction, cerebrovascular event, or acute coronary syndrome in the past 3 months • Member will not be receiving concurrent treatment with an ESA • Request is for an FDA-approved dose • All submitted lab results have been drawn within 30 days of the request **Reauthorization:** • All submitted lab results have been drawn within 30 days of the reauthorization request.

Revision/Review Date: 04/2023	• Member has a documented increase in hemoglobin from baseline
	• The following lab results must be submitted and demonstrate normal values, otherwise, the member MUST be receiving, or is beginning therapy, to correct the deficiency:
	  o Serum ferritin level (> 100ng/mL)
	  o Transferrin saturation (TSAT) (> 20%)
	• Member will not be receiving concurrent treatment with an ESA
	• Request is for an FDA-approved dose
	
	Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary