



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 1426-1
Program	Prior Authorization/Notification
Medication	Jesduvroq [®] (daprodustat)
P&T Approval Date	1/2024
Effective Date	4/1/2024

1. Background:

Jesduvroq (daprodustat) is a hypoxia-inducible factor prolyl hydroxylase (HIF PH) inhibitor indicated for the treatment of anemia due to chronic kidney disease in adults who have been receiving dialysis for at least four months.

Limitations of Use

- Jesduvroq has not been shown to improve quality of life, fatigue, or patient well-being.
- Jesduvroq is not indicated for use as a substitute for transfusion in patients requiring immediate correction of anemia or in patients not on dialysis.

2. Coverage Criteria^a:

A. Initial Authorization

1. **Jesduvroq** will be approved based on **both** of the following criteria:

- a. Diagnosis of anemia due to chronic kidney disease (CKD)

-AND-

- b. Patient has been receiving dialysis for at least four months

Authorization will be issued for 12 months.

B. Reauthorization

1. **Jesduvroq** will be approved based on the following criterion:

- a. Documentation of positive clinical response to Jesduvroq therapy

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10)



and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class

4. References:

1. Jesduvroq [package insert]. Durham, NC: GlaxoSmithKline; August 2023.

Program	Prior Authorization/Notification - Jesduvroq (daprodustat)
Change Control	
1/2024	New program.