

Daprodustat (JESDUVROQ)

Goal(s):

- To limit utilization to FDA-approved indications and in populations with proven safety

Length of Authorization:

- Up to 12 months

Requires PA:

- Pharmacy and physician administered claims

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is this for anemia of chronic disease due to chronic kidney disease in an adult (18 years or older)?	Yes: Go to #3	No: Pass to RPh. Deny; medical appropriateness
3. Has the patient been on dialysis for at least 4 months?	Yes: Go to #4	No: Pass to RPh. Deny; medical appropriateness
4. Does the patient have a documented contraindication or intolerance to an erythropoiesis stimulating agent (ESA) (e.g., epoetin or darbepoetin)?	Yes: Go to #6	No: Go to #5
5. Does the patient have documented a lack of response to an ESA after at least 4 months of therapy?	Yes: Go to #6	No: Pass to RPh. Deny; medical appropriateness
6. Is there documentation of active malignancy?	Yes: Pass to RPh. Deny; medical appropriateness	No: Go to #7
7. Is there documentation that the patient has uncontrolled hypertension ($\geq 140\text{mmHg}/\geq 90\text{mmHg}$)?	Yes: Pass to RPh. Deny; medical appropriateness	No: Go to #8
8. Is the patient taking a strong cytochrome P450 2C8 inhibitor (example: gemfibrozil)?	Yes: Pass to RPh. Deny; medical appropriateness	No: Approve for 12 months (max 24 mg daily)