Drug Coverage Policy

Effective Date……10/15/2025
Coverage Policy Number……IP0604
Policy Title……Jesduvroq

Nephrology – Jesduvroq

- Jesduvroq® (daprodustat tablets - GlaxoSmithKline)

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

OVERVIEW
Jesduvroq, a hypoxia-inducible factor prolyl hydroxylase inhibitor, is indicated for the treatment of **anemia due to chronic kidney disease (CKD)** in adults who have been receiving dialysis for at least 4 months.[1]

Limitations of Use: Jesduvroq has not been shown to improve quality of life, fatigue, or patient well-being.[1] Jesduvroq is not indicated as a substitute for red blood cell (RBC) transfusions in those who require immediate correction of anemia or for the treatment of anemia due to CKD in patients who are not on dialysis.

It is recommended to evaluate the iron status in patients before and during Jesduvroq therapy.[1] Administer supplemental iron therapy when serum ferritin is < 100 mcg/mL or when serum transferrin saturation is < 20%. The majority of patients with CKD will require supplemental iron during the course of therapy. Do not target a hemoglobin level higher than 11.0 g/dL. If the hemoglobin level exceeds 12.0 g/dL, interrupt treatment with Jesduvroq. When the hemoglobin level is within the target range, treatment may be restarted at a lower level. Treatment with Jesduvroq should not be continued beyond 24 weeks of therapy if a clinically meaningful increase in hemoglobin level is not achieved.

Guidelines
Jesduvroq is not addressed in guidelines. The Kidney Disease Improving Global Outcomes (KDIGO) clinical practice guidelines for anemia in CKD (2012) state that for adults with CKD 5D (kidney failure; on dialysis), erythropoiesis-stimulating agent (ESA) therapy should be used to avoid having the hemoglobin concentration fall below 9.0 g/dL by initiating ESAs when the hemoglobin level is between 9.0 and 10.0 g/dL.[2] The KDIGO guidelines state that individualization of therapy is reasonable as some patients may have improvement in quality of life at higher hemoglobin levels and ESA therapy may be started for hemoglobin levels above 10.0 g/dL. In general, ESAs should not be used to maintain hemoglobin levels above 11.5 g/dL for adults with CKD. Individualization of therapy will be necessary as some patients may have improvements in quality of life at a hemoglobin concentration above 11.5 g/dL and will be able to handle the risks. In adults, ESAs should not be given to intentionally increase hemoglobin levels above 13.0 g/dL.

KDIGO held a conference in 2021 to review new data from studies that assessed the safety and efficacy of the hypoxia-inducible factor prolyl hydroxylase inhibitor class of medications for the treatment of anemia.[4] Trials indicated hypoxia-inducible factor prolyl hydroxylase inhibitors are superior to placebo and non-inferior to ESAs in increasing and maintaining hemoglobin concentration levels in CKD patients (including both non-dialysis dependent and dialysis dependent); however, concerns regarding cardiovascular (CV) and thrombotic risks persist due to different safety outcomes in the large phase III hypoxia-inducible factor prolyl hydroxylase inhibitor trials. KDIGO noted that in regards to CV safety, the hypoxia-inducible factor prolyl hydroxylase inhibitors are inferior or at best similar to conventional ESAs for the treatment of anemia due to CKD.

Safety
Jesduvroq has a Boxed Warning regarding an increased risk of death, myocardial infarction, stroke, venous thromboembolism, and thrombosis of vascular access.[1] Targeting a hemoglobin level greater than 11.0 g/dL is expected to further increase the risk of death and arterial venous thrombotic events, as occurs with ESAs, which also increase erythropoietin levels. No trial has identified a hemoglobin target level, dose of Jesduvroq, or dosing strategy that does not increase these risks. Use the lowest dose of Jesduvroq sufficient to reduce the need for RBC transfusions. If the hemoglobin level is > 12 g/dL, interrupt treatment with Jesduvroq. When the hemoglobin level is within the target range, treatment may be restarted.

Coverage Policy

POLICY STATEMENT
Prior Authorization is required for benefit coverage of Jesduvroq. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30

days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Jesduvroq, as well as the monitoring required for adverse events and long-term efficacy, approval requires Jesduvroq to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Jesduvroq is considered medically necessary when the following is met:

FDA-Approved Indication

1. **Anemia in a Patient with Chronic Kidney Disease who is on Dialysis.** Approve for the duration noted below if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, iii, iv, v, and vi):
     - **i.** Patient is ≥ 18 years or older; AND
     - **ii.** Patient has been receiving dialysis for at least 4 consecutive months; AND
     - **iii.** Patient meets **ONE** of the following (a or b):
       - **a)** Patient meets **BOTH** of the following (1 and 2):
         - **(1)** 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).
         - **(2)** Patient has hemoglobin level ≤ 12.0 g/dL; OR
       - **b)** Patient meets **BOTH** of the following (1 and 2):
         - **(1)** 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).
         - **(2)** Patient has a baseline (prior to initiation of Jesduvroq) hemoglobin level < 11 g/dL; AND
     - **iv.** Patient meets **ONE** of the following (a or b):
       - **a)** Patient is currently receiving iron therapy; OR
       - **b)** According to the prescriber, patient has adequate iron stores; AND
     - **v.** The medication is prescribed by or in consultation with a nephrologist; AND
     - **vi.** Preferred product criteria is met for the product listed in the below table; OR
   - **B)** Patient is Continuing Therapy with Jesduvroq. Approve for 1 year if the patient meets ALL of the following (i, ii, iii, iv, v, and vi):
     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.
     - **i.** Patient is ≥ 18 years of age; AND
     - **ii.** Patient has been receiving dialysis for at least 4 consecutive months; AND
     - **iii.** Patient has a hemoglobin level ≤ 12.0 g/dL; AND
     - **iv.** Patient meets ONE of the following (a or b):
       - **a)** Patient is currently receiving iron therapy; OR
       - **b)** According to the prescriber, patient has adequate iron stores; AND
     - **v.** The medication is prescribed by or in consultation with a nephrologist; AND
     - **vi.** 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.

Employer Plans:

Product	Criteria
Jesduvroq (daprodustat)	Patient has tried, and according to the prescriber, has experienced inadequate efficacy OR significant intolerance with **ONE** of the following: 1. an epoetin alfa product [may require prior authorization] 2. Aranesp [may require prior authorization] 3. Mircera [may require prior authorization] Note: Examples of epoetin alfa products are Procrit, Epogen, and Retacrit.

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Conditions Not Covered

Jesduvroq for any other use is considered not medically necessary including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Anemia in a Patient with Chronic Kidney Disease who is NOT on Dialysis**. Jesduvroq is not indicated for use for the treatment of anemia of chronic kidney disease in patients who are not on dialysis.[1] The safety of Jesduvroq has not been established for the treatment of anemia due to CKD. In a large cardiovascular outcomes trial in adults with anemia of CKD who were not on dialysis (ASCEND-ND), an increased risk of cardiovascular mortality, stroke, thromboembolism, serious acute kidney injury, hospitalization for heart failure, and serious gastrointestinal erosions was observed in patients treated with Jesduvroq compared with erythropoietin-stimulating agent therapy.[3]

2. **Anemia Associated with Cancer**. Jesduvroq is not indicated for this use.[1]

3. **Active Malignancy.** Jesduvroq has not been studied and is not recommended in patients with active malignancies. Increased hypoxia inducible factor-1 levels may be associated with unfavorable effects on cancer growth.

4. **Anemia due to Acute Blood Loss.** Use of Jesduvroq is not appropriate in these types of situations. Jesduvroq is not indicated for use as a substitute for transfusion in patients requiring immediate correction of anemia.

5. **Concurrent Use with Erythropoiesis-Stimulating Agents.** Concomitant use is not recommended.
   Note: Examples of erythropoiesis-stimulating agents include epoetin alfa products (Procrit, Epogen, Retacrit intravenous or subcutaneous injection), Aranesp (darbepoetin alfa intravenous or subcutaneous injection), and Mircera (methyoxy polyethylene glycol-epoetin beta intravenous or subcutaneous injection).

6. **Concurrent Use with Vafseo (vadadustat tablets).** The safety and efficacy of concurrent use of Jesduvroq and Vafseo have not been established.

7. **To Enhance Athletic Performance.** Jesduvroq is not recommended for approval because this indication is excluded from coverage in a typical pharmacy benefit.

References

1. Jesduvroq® tablets [prescribing information]. GlaxoSmithKline: Research Triangle Park, NC; February 2023.
2. Kidney Disease: Improving Global Outcomes (KDIGO) Anemia Work Group. KDIGO Clinical Practice Guideline for Anemia in Chronic Kidney Disease. *Kidney Int*. 2012;2(Suppl):279-335.
3. Singh AJ, Carroll K, McMurray JJV, et al, for the ASCEND-ND Study Group. Daprodustat for the treatment of anemia in patients not undergoing dialysis. *N Engl J Med*. 2021;385(25):2313-2324.
4. Ku E, Del Vecchio L, Eckardt KU, et al. Novel anemia therapies in chronic kidney disease: conclusions from a Kidney Disease: Improving Global Outcomes (KDIGO) Controversies Conference. *Kidney Int*. 2023;104(4):655-680.

Revision Details

Type of Revision	Summary of Changes	Date
New	New Policy.	03/15/2024
Annual Revision	**Updated** "Individual" **to** "Patient" throughout the policy. **Anemia in a Patient with Chronic Kidney Disease who is on Dialysis – Patient is Continuing Therapy with Jesduvroq.** **Updated** criteria **from** "Beneficial response is demonstrated by **ONE** of the following:" **to** "According to the prescriber, patient has experienced a response to therapy" and moved examples of a response to a Note. **Preferred Product Table – Employer Plans** **Updated** criteria **from** "Documentation of failure, contraindication, or intolerance to **ONE** of the following:" **to** "Patient has tried, and according to the prescriber, has experienced inadequate efficacy OR significant intolerance with **ONE** of the following:" **Conditions Not Covered** **Added** "Concurrent Use with Vafseo (vadadustat tablets). The safety and efficacy of concurrent use of Jesduvroq and Vafseo have not been established."	10/15/2025

The policy effective date is in force until updated or retired.