



# Drug Coverage Policy

Effective Date.....03/15/2024

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 and have discretion in making individual coverage determinations. 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.

## Medical Necessity Criteria

Jesduvroq is considered medically necessary when the following criteria is met:

1. **Anemia in an Individual with Chronic Kidney Disease who is on Dialysis.** Individual meets **ALL** of the following criteria:
  - A. Age 18 years or older
  - B. Receiving dialysis for at least 4 consecutive months
  - C. **ONE** of the following:
    - i. **BOTH** of the following:
      - a. Currently receiving an erythropoiesis-stimulating agent (for example, epoetin alfa products [e.g., Epogen, Procrit, or Retacrit intravenous or



## Authorization Duration

Initial approval duration: up to 6 months

Reauthorization approval duration: up to 12 months

## Conditions Not Covered

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive):

- 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.<sup>1</sup> 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.<sup>3</sup>
- 2. Anemia Associated with Cancer.** Jesduvroq is not indicated for this use.<sup>1</sup>
- 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 (methoxy polyethylene glycol-epoetin beta intravenous or subcutaneous injection).
- 6. To Enhance Athletic Performance.** Jesduvroq is not recommended for approval because this indication is excluded from coverage in a typical pharmacy benefit.

## Background

### 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.<sup>1</sup>

Jesduvroq has not been shown to improve quality of life, fatigue, or patient well-being.<sup>1</sup>

Jesduvroq is not indicated for the following uses:

- As a substitute for red blood cell (RBC) transfusions in those who require immediate correction of anemia.
- For the treatment of anemia of CKD in patients who are not on dialysis.

Also, it is recommended to evaluate the iron status in patients before and during Jesduvroq therapy.<sup>1</sup> 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.<sup>2</sup> 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 adult patients 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.

### Safety

Jesduvroq has a Boxed Warning regarding an increased risk of death, myocardial infarction, stroke, venous thromboembolism, and thrombosis of vascular access.<sup>1</sup> 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.

## 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.

## Revision Details

Type of Revision	Summary of Changes	Date
New		03/15/2024

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

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