# Drug Coverage Policy

**Effective Date.....8/15/2026**
**Coverage Policy Number.....IP0706**
**Policy Title.....Vafseo**

# Nephrology - Vafseo

- Vafseo® (vadadustat tablets - Akebia)

***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**

Vafseo, a hypoxia-inducible factor prolyl hydroxylase inhibitor (HIF-PHI), is indicated for the treatment of **anemia due to chronic kidney disease (CKD)** in adults who have been receiving dialysis for at least 3 months.[1]

Limitations of Use: Vafseo has not been shown to improve quality of life, fatigue, or patient well-being.[1] Vafseo 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 Vafseo therapy.[1] Administer supplemental iron therapy when serum ferritin is < 100 mcg/mL or when serum transferrin saturation is < 20%. Most patients with CKD will require supplemental iron during the course of therapy. Do not target a hemoglobin level higher than 11.0 g/dL. Treatment with Vafseo should not be continued beyond 24 weeks of therapy if a clinically meaningful increase in hemoglobin level is not achieved.

**Guidelines**
The Kidney Disease: Improving Global Outcomes (KDIGO) clinical practice guidelines for anemia in CKD (2026) provide recommendations for the use of HIF-PHIs.[2] The KDIGO guidelines recommend addressing all correctable causes of anemia (i.e. iron deficiency, malignancy, infection, etc.) before initiating treatment with an erythropoiesis-stimulating agent (ESA) or HIF-PHIs. After all correctable causes of anemia are addressed, KDIGO suggests using ESAs as first-line therapy for treating anemia in patients with CKD rather than HIF-PHIs. Although clinical trials have revealed noninferiority of HIF-PHIs versus ESAs for efficacy as treatment for anemia, some studies suggested a higher risk of major adverse cardiovascular events with HIF-PHIs compared to ESAs in at least some CKD populations. HIF-PHI use should be reserved for select patients where ESA use is contraindicated or not tolerated. KDIGO indicates ESAs and HIF-PHIs should not be used concurrently. In patients with CKD and anemia, treatment with HIF-PHIs should not be started and should be suspended in those who experience cardiovascular/thromboembolic events or have newly diagnosed cancer. KDIGO reference HIF-PHIs as a class and do not differentiate recommendations between available products.

**Safety**
Vafseo has a boxed warning regarding an increased risk of death, myocardial infarction, stroke, venous thromboembolism, and thrombosis of vascular access.[1] These risks are greater when targeting higher hemoglobin levels.

## Coverage Policy

**POLICY STATEMENT**
Prior Authorization is required for benefit coverage of Vafseo. 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 Vafseo, as well as the monitoring required for adverse events and long-term efficacy, approval requires Vafseo to be prescribed by or in consultation with a physician who specializes in the condition being treated.

**Vafseo is considered medically necessary when the following are met:**

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 of age; AND
     - **ii.** Patient has been receiving dialysis for at least 3 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 Vafseo; 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), Mircera (methoxy polyethylene glycol-epoetin beta intravenous or subcutaneous injection).
**(2)** Patient has a 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), Mircera (methoxy polyethylene glycol-epoetin beta intravenous or subcutaneous injection).
**(2)** Patient has a baseline (prior to initiation of Vafseo) 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(s) as listed in the below table(s); OR

**B)** Patient is Continuing Therapy with Vafseo. 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 3 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 |
|---|---|
| **Vafseo** (vadadustat tablets) | Patient has tried, and according to the prescriber, has experienced inadequate efficacy OR significant intolerance with **ONE** of the following:<br>1. an epoetin alfa product [may require prior authorization]<br>2. Aranesp [may require prior authorization]<br>3. Mircera [may require prior authorization]<br><br>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**

**Vafseo for any other use is considered not medically necessary (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.** Vafseo is not indicated for the treatment of anemia due to chronic kidney disease in patients who are not on dialysis.[1] The safety of Vafseo has not been established for the treatment of anemia due to CKD in patients who are not on dialysis. In a large cardiovascular outcomes trial in adults with anemia due to CKD who were not on dialysis ($PRO_2TECT$), 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 Vafseo compared with erythropoietin-stimulating agent therapy.[2]

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

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

4. **Anemia due to Acute Blood Loss.** Use of Vafseo is not appropriate in these types of situations. Vafseo is not indicated for use as a substitute for transfusion in patients requiring immediate correction of anemia.[1]

5. **Concurrent Use with Erythropoiesis-Stimulating Agents.** Concurrent 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. **Concurrent Use with Jesduvroq (daprodustat tablets)**. The safety and efficacy of concurrent use of Vafseo and Jesduvroq have not been established.

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

## References


1. Vafseo® tablets [prescribing information]. Cambridge, MA: Akebia Therapeutics; March 2024.
2. Kidney Disease: Improving Global Outcomes (KDIGO) Anemia Work Group. KDIGO 2026 Clinical Practice Guideline for the Management of Anemia in Chronic Kidney Disease (CKD). *Kidney Int*. 2026;109(1S):S1-S99.
3. Chertow GM, Pergola PE, Farag YMK, et al. Vadadustat in Patients with Anemia and Non-Dialysis-Dependent CKD. *N Engl J Med*. 2021;384(17):1589-1600.


## Revision Details

| Summary of Changes | Review Date | Effective Date |
|---|---|---|
| New policy | 10/31/2024 | 12/01/2024 |
| No criteria changes. | 8/7/2025 | 10/15/2025 |
| No criteria changes. | 8/6/2026 | 8/15/2026 |

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

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