Mass General Brigham
Health Plan

Hypoxia-Inducible Factor Propyl Hydroxylate (HIF PH) Inhibitors: Jesduvroq (daprodustat) Vafseo (vadadustat) Effective 01/01/2025

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Jesduvroq (daprodustat) and Vafseo (vadadustat) are hypoxia-inducible factor propyl hydroxylase (HIF PH) inhibitors indicated for the treatment of anemia due to chronic kidney disease in adults. Jesduvroq is approved in patients who have been receiving dialysis for at least four months, and Vafseo is approved in patients who have been receiving dialysis for at least three months.

Both Jesduvroq and Vafseo were studied in patients who were hyporesponsive to erythropoietin stimulating agents (ESAs). Jeduvroq was studied in patients with a baseline hemoglobin between 8.0 and 11. 5 g/dL, while Vafseo was studied in patients with a hemoglobin level between 8.0 and 11.0 g/dL.

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted when the following diagnosis-specific criteria is met:

1. Member has a diagnosis of chronic kidney disease (CKD)
2. Member is 18 years of age or older
3. **Jesduvroq:** Member has been on dialysis for at least 4 months
4. **Vafseo:** Member has been on dialysis for at least 3 months
5. Member has adequate iron stores as confirmed by one of the following:
    a. Serum ferritin level ≥ 100 mcg/mL
    b. Serum transferrin saturation (TSAT) ≥ 20%
6. Member is hyporesponsive to erythropoiesis-stimulating agent (ESA) therapy, defined as hemoglobin 8.0-11.5 g/dL

7. Requested medication is prescribed by or in consultation with a nephrologist or hematologist
8. Requested medication will not be used concurrently with an ESA (e.g., Aranesp, Epogen, Procrit)

Continuation of Therapy

Requests for continuation of therapy will be approved when the following criteria are met:

1. Member has had a positive clinical response to therapy, as demonstrated by an increase in hemoglobin
2. Member has adequate iron stores as confirmed by one of the following:
    a. Serum ferritin level ≥ 100 mcg/mL
    b. Serum transferrin saturation (TSAT) ≥ 20%

Limitations

1. Initial requests will be approved for 6 months.
2. Reauthorization requests will be approved for 12 months.

References

1. Jesduvroq (daprodustat) [prescribing information]. Durham, NC: GlaxoSmithKline; January 2023.
2. Kidney Disease Improving Global Guidelines (KDIGO). Clinical practice guideline for anemia in chronic kidney disease. *Kidney Int Suppl*. 2012;2(4):279-335.
3. Singh AK, Carroll K, McMurray JJV, et al. Daprodustat for the treatment of anemia in patients not undergoing dialysis. *N Engl J Med*. 2021(b);385(25):2313-2324
4. Singh AK, Carroll K, Perkovic V, et al. Daprodustat for the treatment of anemia in patients undergoing dialysis. *N Engl J Med*. 2021(a);385(25):2325-2335.
5. Vafseo (vadadustat) [prescribing information]. Cambridge, MA: Akebia Therapeutics, Inc.; March 2024.

Review History

10/09/2025 – Reviewed at October P&T. Effective 01/01/2025.