

Voydeya (danicopan)
Effective 08/01/2025

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
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

Voydeya (danicopan) is a complement factor D inhibitor. It is indicated as add-on therapy to ravulizumab or eculizumab for the treatment of extravascular hemolysis (EVH) in adults with paroxysmal nocturnal hemoglobinuria (PNH).

Voydeya has not been shown to be effective as monotherapy and should only be prescribed as add-on to ravulizumab or eculizumab.

Coverage Guidelines

Authorization may be granted for members new to the plan within the last 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 for members when all of the following criteria are met:

1. Member has a diagnosis of paroxysmal nocturnal hemoglobinuria (PNH) confirmed flow cytometry
2. Voydeya will be prescribed in combination with either eculizumab OR ravulizumab

Continuation of Therapy

Reauthorization will be granted when all of the following criteria are met:

1. Prescriber submits documentation of a positive response to therapy (e.g., normalization of lactate dehydrogenase [LDH] levels, improvement in hemoglobin levels, decreased number of red blood cell transfusions)
2. Voydeya will continue to be used in combination with either eculizumab OR ravulizumab

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.

- Quantity limitations are as follows:

Drug Name and Dosage Form	Quantity Limit
Voydeya (danicopan) tablet	180 tablets per 30 days

References

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- Makam AN, Suh K, Fahim SM, et al. Iptacopan and danicopan for paroxysmal nocturnal hemoglobinuria: effectiveness and value. Institute for Clinical and Economic Review. February 1, 2024. Accessed February 2, 2024. https://icer.org/wp-content/uploads/2023/07/PNH_Evidence-Report_For-Publication_02012024.pdf
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- Raina R, Krishnappa V, Blaha T, et al. Atypical hemolytic-uremic syndrome: an update on pathophysiology, diagnosis, and treatment. *Ther Aph Dial*. 2019; 23(1): 4-21.
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Review History

08/14/2024 – Reviewed at August P&T. Effective 10/1/2024.

07/09/2025 – Reviewed at June P&T. No clinical changes. Effective 08/01/2025.

