

**Voydela (danicopan)**  
**Effective 08/01/2025**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Medical Benefit</b> <b>Pharmacy Benefit</b>	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
<b>Exceptions</b>	N/A		

**Overview**

Voydela (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).

Voydela 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. Voydela 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. Voydela will continue to be used in combination with either eculizumab OR ravulizumab

**Limitations**

1. Initial approvals and reauthorizations will be granted for 12 months.
2. Quantity limitations are as follows:

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

**References**

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2. Fakhouri F, Zuber J, Frémeaux-Bacchi V, Loirat C. Haemolytic uraemic syndrome [published correction appears in Lancet. 2017;390(10095):648]. *Lancet*. 2017;390(10095):681-696. doi:10.1016/S0140-6736(17)30062-4.
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4. Lee JW, Griffin M, Kim JS, et al. Addition of danicopan to ravulizumab or eculizumab in patients with paroxysmal nocturnal haemoglobinuria and clinically significant extravascular haemolysis (ALPHA): a double-blind, randomised, phase 3 trial. *Lancet Haematol*. 2023;10(12):e955-e965. doi:10.1016/S2352-3026(23)00315-0.
5. Loirat C, Fakhouri F, Ariceta G, et al; HUS International. An international consensus approach to the management of atypical hemolytic uremic syndrome in children. *Pediatr Nephrol*. 2016;31(1):15-39.
6. 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](https://icer.org/wp-content/uploads/2023/07/PNH_Evidence-Report_For-Publication_02012024.pdf)
7. Michael M, Bagga A, Sartain SE, Smith RJH. Haemolytic uraemic syndrome. *Lancet*. 2022;400(10364):1722-1740. doi:10.1016/S0140-6736(22)01202-8.
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9. Pugh D, O'Sullivan ED, Duthie FA, Masson P, Kavanagh D. Interventions for atypical haemolytic uraemic syndrome. *Cochrane Database of Systematic Reviews*. 2021;3:CD012862.
10. 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.
11. Risitano AM, Frieri C, Urciuoli E, Marano L. The complement alternative pathway in paroxysmal nocturnal hemoglobinuria: From a pathogenic mechanism to a therapeutic target. *Immunol Rev*. 2023;313(1):262-278.
12. Voydya (danicopan) [prescribing information]. Boston, MA: Alexion Pharmaceuticals, Inc.; May 2024.

### 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.

