VENTURA COUNTY
HEALTH CARE PLAN

PRIOR AUTHORIZATION POLICY

POLICY: Nephrology – Vafseo Prior Authorization Policy
- Vafseo® (vadadustat tablets – Akebia)

REVIEW DATE: 07/24/2024

OVERVIEW

Vafseo, 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 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%. 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. Treatment with Vafseo should not be continued beyond 24 weeks of therapy if a clinically meaningful increase in hemoglobin level is not achieved.

Guidelines

Vafseo 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.[3] 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 adults 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.

KDIGO held a conference in 2021 to review new data from studies that assessed the safety and efficacy of the hypoxia-inducible factor prolyl hydroxylase inhibitor class of medications for the treatment of anemia.[4] Trials indicated hypoxia-inducible factor prolyl hydroxylase inhibitors are superior to placebo and non-inferior to ESAs in increasing and maintaining hemoglobin concentration levels in CKD patients (including both non-dialysis dependent and dialysis dependent); however, concerns regarding cardiovascular (CV) and thrombotic risks persist due to different safety outcomes in the large phase III hypoxia-inducible factor prolyl hydroxylase inhibitor trials. KDIGO noted that in regards to CV safety, the hypoxia-inducible factor prolyl hydroxylase inhibitors are inferior or at best similar to conventional ESAs for the treatment of anemia due to CKD.

Safety

Vafseo has a Boxed Warning regarding an increased risk of death, myocardial infarction, stroke, venous thromboembolism, and thrombosis of vascular access.[1] 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 Vafseo, or dosing strategy that does not increase these risks. Use the lowest dose of Vafseo sufficient to reduce the need for RBC transfusions.

POLICY STATEMENT

Prior Authorization is recommended for prescription 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.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Vafseo is recommended in those who meet the following criteria:

FDA-Approved Indication

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, and v):
     - **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), or 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), or 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; 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.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Vafseo is not recommended in the following situations:

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.

8. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Vafseo® tablets [prescribing information]. Cambridge, MA: Akebia Therapeutics; March 2024.
2. Chewtow GM, Pergola PE, Farag YMK, for the PRO$_2$TECT Study Group. Vadadustat in patients with anemia and non-dialysis dependent CKD. 2021;384(17):1589-1600. **Is there a journal name?**
3. National Kidney Foundation. KDIGO clinical practice guidelines for anemia in chronic kidney disease. *Kidney Int Suppl*. 2012;2(4):279-335. Available at: https://kdigo.org/wp-content/uploads/2016/10/KDIGO-2012-Anemia-Guideline-English.pdf. Accessed on May 1, 2024.
4. Ku E, Del Vecchio L, Eckardt KU, et al. Novel anemia therapies in chronic kidney disease: conclusions from a Kidney Disease: Improving Global Outcomes (KDIGO) Controversies Conference. *Kidney Int*. 2023;104(4):655-680.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	07/24/2024