Original Effective Date: 09/15/2024
Current Effective Date: 09/15/2024
Last P&T Approval/Version: 07/31/2024
Next Review Due By: 07/2025
Policy Number: C28251-A

Voydeya (danicopan)

PRODUCTS AFFECTED

Voydeya (danicopan)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Paroxysmal nocturnal hemoglobinuria (PNH)

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by-case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

A. PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH):
   1. Documented diagnosis of Paroxysmal nocturnal hemoglobinuria (PNH)
      AND

2. Prescriber attests that member has been vaccinated against *Streptococcus pneumoniae, Neisseria meningitides (serogroups A, C, W, Y and B),* and *Haemophilus influenzae* type B at least 2 weeks prior to danicopan treatment, if not previously vaccinated
   AND
3. Documentation member has clinically significant extravascular hemolysis as evidenced by BOTH of the following [DOCUMENTATION REQUIRED]:
   (a) Hemoglobin level ≤ 9.5 g//dL
   AND
   (b) Absolute reticulocyte count ≥ 120 x 10^9/L
   AND
4. Documentation danicopan will be used as add-on therapy to Soliris (eculizumab) or Ultomiris (ravulizumab)
   NOTE: Danicopan has not been shown effective as monotherapy and should only be prescribed as an add-on to eculizumab or ravulizumab
   AND
5. Documentation the member has been on a stable dose of Soliris (eculizumab) or Ultomiris (ravulizumab) for at least 6 months
   AND
6. Documentation of prescriber baseline disease activity evaluation and goals for treatment to be used to evaluate the efficacy of therapy at renewal (e.g., transfusion requirement, lactate dehydrogenase (LDH), targeted symptoms, etc.)
   AND
7. Prescriber attests to (or the clinical reviewer has found that) the member not having any FDA-labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review [Contraindications to Voydeya (danicopan) include: Initiation in patients with unresolved serious infection caused by encapsulated bacteria, including *Neisseria meningitidis*, *Streptococcus pneumoniae*, or *Haemophilus influenzae* type B, avoid use in patient with severe hepatic impairment (Child-Pugh C).]

CONTINUATION OF THERAPY:

A. PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH):
   1. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history OR adherence less than 85% of the time due to the need for surgery or treatment of an infection, causing temporary discontinuation
      AND
   2. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity
      AND
   3. Documentation of positive clinical response as demonstrated by low disease activity, stabilization, and/or improvements in the condition's signs and symptoms (e.g., increased or stable hemoglobin levels, decreased transfusion requirement, improvement in hemolysis, decreased LDH, decreased reticulocyte count, etc.)

DURATION OF APPROVAL:

Initial authorization: 6 months, Continuation of Therapy: 12 months

PRESCRIBER REQUIREMENTS:

Prescribed by or in consultation with a board-certified hematologist [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests]

AGE RESTRICTIONS:

18 years of age and older

QUANTITY:
Starting Dose: 150 mg three times daily
Maximum Dose: 200 mg three times daily

PLACE OF ADMINISTRATION:
The recommendation is that oral medications in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Oral

DRUG CLASS:
Complement Factor D Inhibitor

FDA-APPROVED USES:
Indicated as add-on therapy to ravulizumab or eculizumab for the treatment of extravascular hemolysis (EVH) in adults with paroxysmal nocturnal hemoglobinuria (PNH).
Limitations of Use: Voydeya has not been shown to be effective as monotherapy and should only be prescribed as an add-on to ravulizumab or eculizumab.

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX:

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:
Paroxysmal nocturnal hemoglobinuria PNH is a rare acquired clonal disorder caused by a somatic mutation of the phosphatidylinositol glycan- complementation class A (PIG-A) gene in hematopoietic stem cells. The disorder results in a deficiency of glycosylphosphatidylinositol (GPI), which serves as an anchor for several cell surface proteins including the terminal complement regulator, CD59. The absence of CD59 from the surface of the affected PNH red blood cells (RBCs) renders them susceptible to terminal complement-mediated lysis. The subsequent chronic hemolysis is the primary clinical manifestation of the disease and leads to disabling morbidities that include anemia, fatigue, thrombosis, pain, and impaired quality of life. Lactate dehydrogenase (LDH) is released during RBC destruction and grossly elevated serum LDH is a common finding in patients with PNH. There are two types of hemolysis: Intravascular hemolysis (IVH), which involves RBC destruction within the blood vessels, and extravascular hemolysis (EVH), which involves RBC destruction outside of the blood vessels, such as in the spleen. Approximately 10%–20% of people living with PNH who are treated with a C5 inhibitor (standard of care) experience clinically significant EVH, which can result in continued symptoms of anemia and require blood transfusions.

Voydeya is a first-in-class, oral, factor D inhibitor indicated as an add-on therapy to Ultomiris or Soliris for the treatment of EVH in adults with PNH. Voydeya works by selectively inhibiting factor D, a complement system protein that plays a key role in the amplification of the complement system response. Voydeya acts proximally in the alternative pathway of the complement cascade to control preferentially C3 fragment-

mediated EVH.

The safety and efficacy of Voydeya in adults with PNH and clinically significant EVH was assessed in a randomized, double-blind, placebo-controlled study (ALXN2040-PNH-301; NCT04469465). Clinically significant EVH was defined by anemia (hemoglobin [Hgb] ≤ 9.5 g/dL) with absolute reticulocyte count ≥ 120 × 109 /L with or without transfusion support. The study enrolled patients with PNH who had been treated with a stable dose of ravulizumab or eculizumab for at least the previous 6 months. Patients were randomized to Voydeya or placebo in a 2:1 ratio for 12 weeks in addition to background ravulizumab or eculizumab treatment. After Week 12, all patients received Voydeya in combination with their background ravulizumab or eculizumab treatment up to Week 24. After Week 24, patients could enter a long-term extension period and continue to receive Voydeya with background ravulizumab or eculizumab. Efficacy was based on the change in Hgb level from Baseline to Week 12. Other efficacy measures included the proportion of patients with Hgb increase of ≥ 2 g/dL at Week 12 in the absence of transfusions, the proportion of patients with transfusion avoidance through Week 12, the change from Baseline in Functional Assessment of Chronic Illness Therapy (FACIT)-Fatigue scores at Week 12, and change from Baseline in absolute reticulocyte count at Week 12. Efficacy was established based on demonstration of superiority of Voydeya in combination with ravulizumab or eculizumab compared to placebo in combination with ravulizumab or eculizumab in all efficacy measures with statistically significant results. Results of the primary endpoint change in hemoglobin from baseline to week 12 was 2.9 g/dL change in the Voydeya group and 0.5 g/dL in the placebo group (p = 0.0007).

Serious adverse reactions were reported in 5% of patients who received VOYDEYA and included pancreatitis, cholecystitis, and blood bilirubin increased. Permanent discontinuation of VOYDEYA due to an adverse reaction occurred in 5% of patients and included 1 patient with blood bilirubin increase and pancreatitis, 1 patient with hepatic enzyme increased, and 1 patient with ALT increased and aspartate aminotransferase increased. The most common adverse reaction (≥10%) was headache.

Voydeya REMS

Voydeya is available only through a restricted program under a REMS called VOYDEYA REMS, because of the risk of serious infections caused by encapsulated bacteria.
Notable requirements of the VOYDEYA REMS include the following:
• Prescribers must enroll in the REMS.
• Prescribers must counsel patients about the risk of serious infections caused by encapsulated bacteria.
• Prescribers must provide patients with the REMS educational materials.
• Prescribers must assess patient vaccination status for vaccines against encapsulated bacteria and vaccinate if needed according to current ACIP recommendations two weeks prior to the first dose of VOYDEYA.
• Prescribers must provide a prescription for antibacterial drug prophylaxis VOYDEYA™ (danicopan) tablets, for oral use if treatment must be started urgently, and the patient is not up to date with vaccines against encapsulated bacteria according to current ACIP recommendations at least two weeks prior to the first dose of VOYDEYA.
• Pharmacies that dispense VOYDEYA must be certified in the VOYDEYA REMS and must verify prescribers are certified.
• Patients must receive counseling from the prescriber about the need to receive vaccinations against encapsulated bacteria per ACIP recommendations, the need to take antibiotics as directed by the prescriber, and the early signs and symptoms of serious infections.
• Patients must be instructed to carry the Patient Safety Card with them at all times during treatment and for

1 week following the last dose of VOYDEYA.
Further information is available by telephone: 1-888-765-4747 or online at www.VoydeyaREMS.com

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:
All other uses of Voydeya (danicopan) are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to Voydeya (danicopan) include: Initiation in patients with unresolved serious infection caused by encapsulated bacteria, including *Neisseria meningitidis*, *Streptococcus pneumoniae*, or *Haemophilus influenzae* type B, avoid use in patients with severe hepatic impairment (Child-Pugh C).

OTHER SPECIAL CONSIDERATIONS:
Voydeya (danicopan) has a Black Box Warning for serious infections caused by encapsulated bacteria. Voydeya increases the risk of serious and life-threatening infections, caused by encapsulated bacteria, including *Neisseria meningitidis*, *Streptococcus pneumoniae*, and *Haemophilus influenzae* type B. Complete or update vaccination for encapsulated bacteria at least 2 weeks prior to the first dose of Voydeya, unless the risks of delaying Voydeya outweigh the risk of developing a serious infection. Comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for vaccinations against encapsulated bacteria in patients receiving a complement inhibitor. Patients receiving VOYDEYA are at increased risk for invasive disease caused by encapsulated bacteria, even if they develop antibodies following vaccination. Monitor patients for early signs and symptoms of serious infections and evaluate immediately if infection is suspected. Voydeya is available only through a restricted program called VOYDEYA REMS.

CODING/BILLING INFORMATION

Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

HCPCS CODE	DESCRIPTION
NA	

AVAILABLE DOSAGE FORMS:
Voydeya TABS 100MG
Voydeya TBPK 50 & 100MG

REFERENCES

1. Voydeya (danicopan) tablets, for oral use [prescribing information]. Boston, MA: Alexion Pharmaceuticals, Inc.; March 2024.
2. Hill, A., Platts, P.J., Smith, A., Richards, S.J., Cullen, M.J., Hill, Q.A., Roman, E., & Hillmen, P. (2006). The Incidence and Prevalence of Paroxysmal Nocturnal Hemoglobinuria (PNH) and Survival of patients in Yorkshire. *Blood, 108*(11),985-985. https://doi.org/10.1182/blood.v108.11.985.985
3. Bektas, M., Copley-Merriman, C., Khan, S., Sarda, S.P., & Shammo, J.M. (2020). Paroxysmal nocturnal hemoglobinuria: Patient Journey and Burden of Disease. *Journal of Managed Care & Specialty Pharmacy, 26*(12-b Suppl), S8-S14. https://doi.org/10.18553/jmcp.2020.26.12-b.s8

SUMMARY OF REVIEW/REVISIONS	DATE
NEW CRITERIA CREATION	Q3 2024