

Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Erythropoiesis-Stimulating Agents

Clinical Criteria Information Included in this Document

Vafseo (vadadustat)

- [Drugs requiring prior authorization](#): the list of drugs requiring prior authorization for this clinical criteria
- [Prior authorization criteria logic](#): a description of how the prior authorization request will be evaluated against the clinical criteria rules
- [Logic diagram](#): a visual depiction of the clinical criteria logic
- [Supporting tables](#): a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- [References](#): clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Initial publication and presentation to the DUR Board



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Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
VAFSEO 150 MG TABLET	55091
VAFSEO 300 MG TABLET	55092
VAFSEO 450 MG TABLET	XXXXX

**Vafseo (vadadustat)****Clinical Criteria Logic**

Initial Requests:

1. Is the client greater than or equal to (\geq) 18 years of age?
 Yes - Go to #2
 No - Deny
2. Does the client have a diagnosis of [anemia due to chronic kidney disease](#) in the last 730 days?
 Yes - Go to #3
 No - Deny
3. Is the client currently on and has been receiving [dialysis](#) for at least 3 months in the last 6 months?
 Yes - Go to #4
 No - Deny
4. Does the client have a history of a [complete blood count \(CBC\)](#) in the last 90 days?
 Yes - Go to #5
 No - Deny
5. Does the client have a history of [ferritin and iron binding capacity \(IBC\) tests](#) in the last 180 days?
 Yes - Go to #6
 No - Deny
6. Is the requested dose greater than ($>$) 600 mg daily?
 Yes - Deny
 No - Approve (365 days)

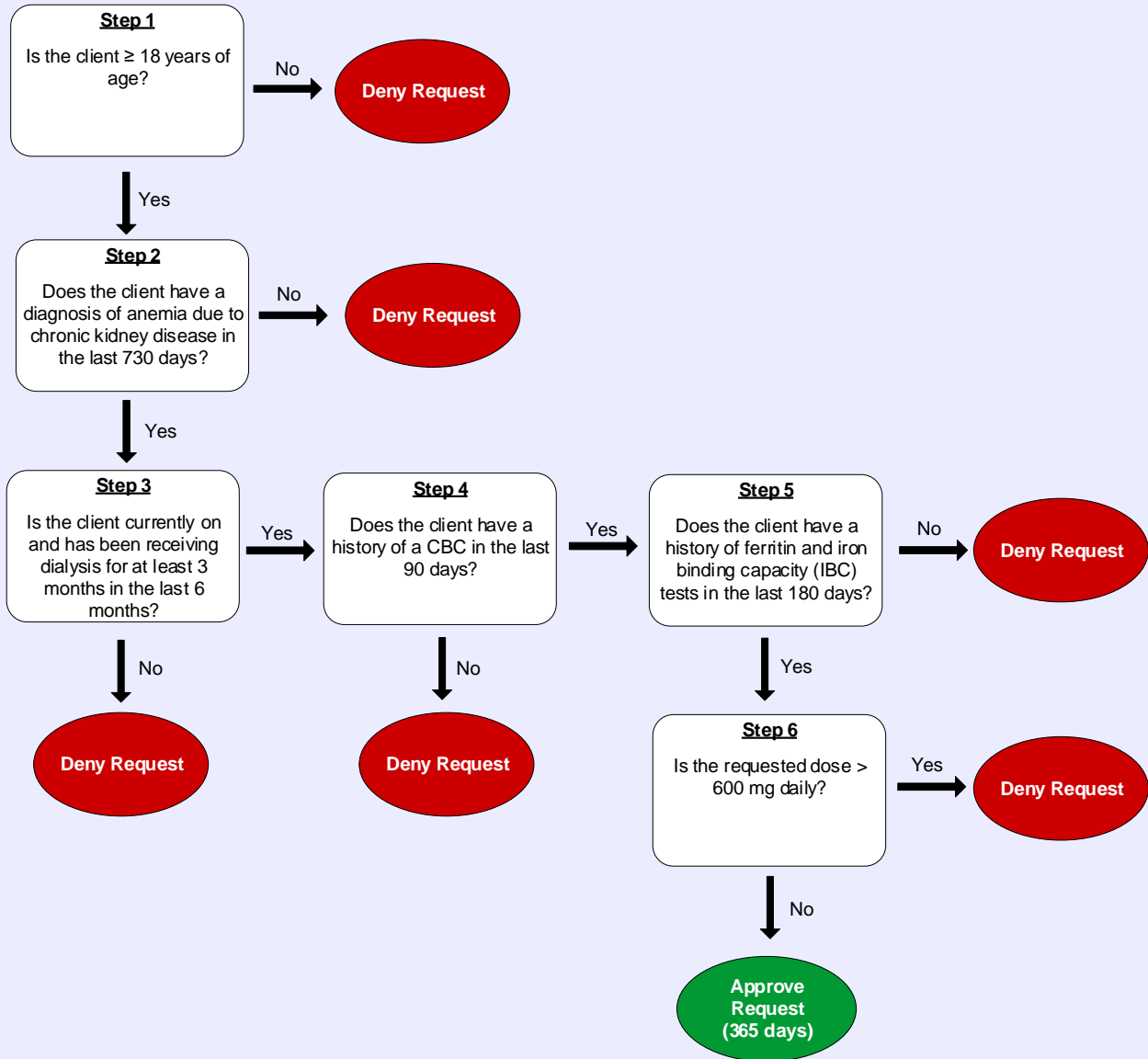
PAXPRESS™**Vafseo (vadadustat)****Clinical Criteria Logic**

Renewal Requests:

1. Is the client currently receiving [dialysis](#)?
 Yes - Go to #2
 No - Deny
2. Does the client have a history of a [complete blood count \(CBC\)](#) in the last 90 days?
 Yes - Go to #3
 No - Deny
3. Does the client have a history of [ferritin and iron binding capacity \(IBC\) tests](#) in the last 180 days?
 Yes – Go to #4
 No – Deny
4. Is the requested dose greater than (>) 600 mg daily?
 Yes – Deny
 No – Approve (365 days)

PAYPRESS™ **Vafseo (vadadustat)**
Clinical Criteria Logic Diagram

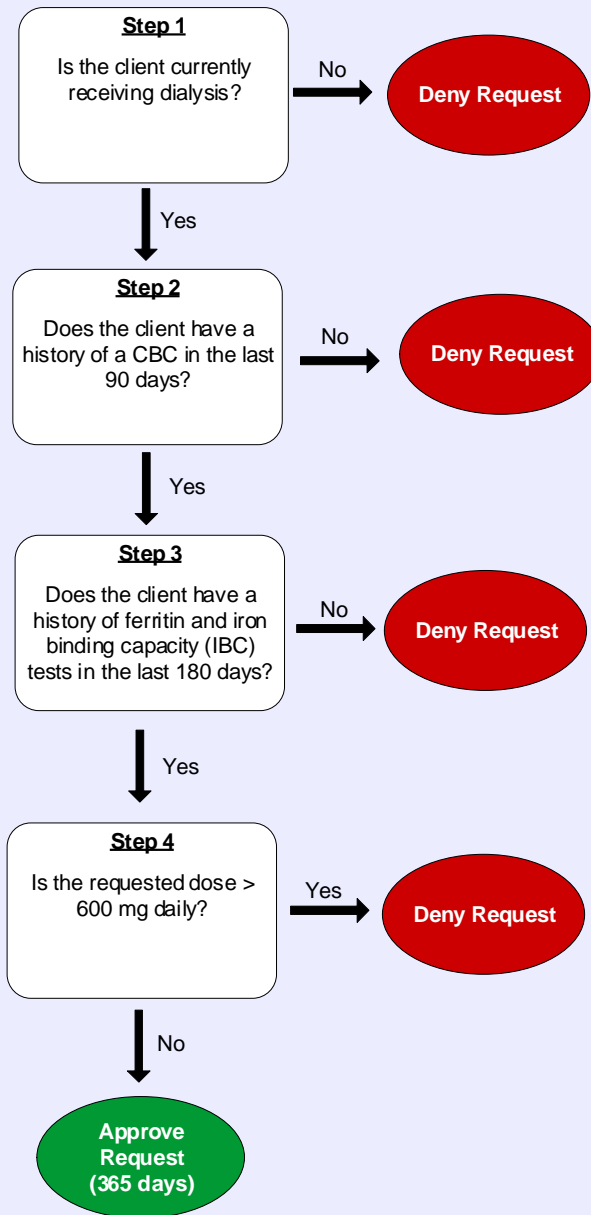
Initial Request:





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Clinical Criteria Logic Diagram

Renewal Request:





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Clinical Criteria Supporting Tables

Anemia due to Chronic Kidney Disease	
ICD-10 Code	Description
D631	ANEMIA IN CHRONIC KIDNEY DISEASE
N181	CHRONIC KIDNEY DISEASE, STAGE 1
N182	CHRONIC KIDNEY DISEASE, STAGE 2 (MILD)
N183	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)
N185	CHRONIC KIDNEY DISEASE, STAGE 5
N186	END STAGE RENAL DISEASE
N189	CHRONIC KIDNEY DISEASE, UNSPECIFIED
N19	UNSPECIFIED KIDNEY FAILURE

Dialysis	
CPT Code	Description
90956	ESRD SRV, 1 VISIT P MO, 2-11
90957	ESRD SRV, 4 VSTS P MO, 12-19
90958	ESRD SRV 2-3 VSTS P MO 12-19
90959	ESRD SERV, 1 VST P MO, 12-19
90960	ESRD SRV, 4 VISITS P MO, 20+
90961	ESRD SRV, 2-3 VSTS P MO, 20+
90962	ESRD SERV, 1 VISIT P MO, 20+
90963	ESRD HOME PT, SERV P MO, <2
90964	ESRD HOME PT SERV P MO, 2-11

Dialysis	
CPT Code	Description
90965	ESRD HOME PT SERV P MO 12-19
90966	ESRD HOME PT, SERV P MO, 20+
90967	ESRD HOME PT SERV P DAY, <2
90968	ESRD HOME PT SRV P DAY, 2-11
90969	ESRD HOME PT SRV P DAY 12-19
90970	ESRD HOME PT SERV P DAY, 20+
90976	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT MORE THAN 40 KG
90977	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT 21-40 KG
90978	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT 11-20 KG
90979	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT UNDER 10 KG
90982	PERITONEAL DIALYSIS FOR (ESRD), MAINT STABI COND, HOSP/OTHER FACIL PER SET; MORE 40 KG
90983	PERITONEAL DIALYSIS FOR (ESRD),MAINT STABL COND,HOSP/OTHER FAC PER SET;PATIENT 21-40 KG
90984	PERITONEAL DIALYSIS FOR (ESRD),MAINT STABI COND, HOSP/OTHER FAC PER SET;PATIENT 11-20 KG
90985	PERITONEAL DIALYSIS FOR (ESRD),MAINT STABI COND,HOSP/OTHER FAC PER SET;PATIENT UNDER 10K
90989	DIALYSIS TRAINING, COMPLETE
90990	HEMODIALYSIS TRAINING AND/OR COUNSELING
90991	HOME HEMODIALYSIS CARE, OUTPAT, SERV PROVID BY PHYSI RESPONS FOR TOTAL CARE
90992	PERITONEAL DIALYSIS TRAINING AND/OR COUNSELING (MEDICARE ONLY)
90993	DIALYSIS TRAINING, INCOMPL

Dialysis	
CPT Code	Description
90994	SUPERVISION OF CHRONIC AMBPERITONEAL DIAL (CAPD),HOME/OUT-PATIENT,MONTHLY

CBC Test	
CPT	Description
85025	Completed (CBC)

Ferritin and IBC Tests	
CPT	Description
82728	Ferritin
83550	Iron/Binding Capacity

**Vafseo (vadadustat)****Clinical Criteria References**

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at www.clinicalpharmacology.com. Accessed on January 31, 2025.
2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on January 31, 2025.
3. Vafseo Prescribing Information. Cambridge, MA. Akeba Therapeutics, Inc. March 2024.

**Vafseo (vadadustat)****Publication History**

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the [Revision Notes](#) on the first page of this document.

Publication Date	Notes
01/31/2025	<ul style="list-style-type: none">Initial publication and presentation to the DUR Board