BlueCross BlueShield
Federal Employee Program

VOYDEYA
(danicopan)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Extravascular hemolysis associated with paroxysmal nocturnal hemoglobinuria (PNH)

AND ALL of the following:

a. Documented baseline value for hemoglobin (Hgb)
b. Used in combination with Soliris (eculizumab) or Ultomiris (ravulizumab)
c. Vaccination against encapsulated bacteria, including *Streptococcus pneumoniae, Neisseria meningitidis, and Haemophilus influenzae* type B at least 2 weeks prior to initiation [unless Voydeya (danicopan) treatment cannot be delayed]
d. Prescriber is enrolled in Voydeya REMS program

Prior - Approval Limits

Quantity 600 mg per day

Duration 6 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Extravascular hemolysis (EVH) associated with paroxysmal nocturnal hemoglobinuria (PNH)

AND ALL of the following:

a. Increase in hemoglobin (Hgb) from pretreatment baseline

VOYDEYA
(danicopan)

b. Used in combination with Soliris (eculizumab) or Ultomiris (ravulizumab)
c. Absence of unacceptable toxicity from the drug
d. Prescriber is enrolled in Voydeya REMS program

Prior - Approval *Renewal* Limits

Quantity 600 mg per day

Duration 12 months