Louisiana Medicaid
Danicopan (Voydeya™)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for danicopan (Voydeya™).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available HERE.

Approval Criteria for Initiation of Therapy

- The recipient is 18 years of age or older on the date of the request; **AND**
- The recipient has a diagnosis of paroxysmal nocturnal hemoglobinuria (PNH); **AND**
- The recipient has been receiving ravulizumab or eculizumab for the previous 6 months; **AND**
- The requested medication is prescribed concurrently with ravulizumab or eculizumab; **AND**
- The recipient has clinically significant extravascular hemolysis while on a C5 inhibitor (e.g., ravulizumab or eculizumab).

Duration of approval for initiation of therapy: 6 months

Approval Criteria for Continuation of Therapy

- The prescriber **states on the request** that the recipient is established on the medication with evidence of a positive response to therapy as evidenced by, including but not limited to, improvement in any of the following parameters:
    - Improved measures of intravascular or extravascular hemolysis (e.g., normalization of LDH, reduced absolute reticulocyte counts, reduced bilirubin); **OR**
    - Reduced need for red blood cell transfusions; **OR**
    - Increased or stabilization of hemoglobin levels; **OR**
    - Less fatigue; **OR**
    - Improved health-related quality of life; **OR**
    - Fewer thrombotic events; **AND**
- The requested medication is prescribed concurrently with ravulizumab or eculizumab.

Duration of approval for continuation of therapy: 12 months

Reference

Voydeya (danicopan) [package insert]. Boston, MA: Alexion Pharmaceuticals, Inc; March 2024. https://alexion.us/-/media/alexion_global/documents/regulatory/north-america/usa/2024/english/voydeya_uspi.pdf

Revision / Date	Implementation Date
Policy Created / March 2025	August 2025