

Korsuva™ (difelikefalin)



Pharmacy Coverage Policy

Effective Date: July 27, 2022

Revision Date: June 28, 2023

Review Date: June 21, 2023

Line of Business: Medicare, Commercial, Medicaid - South Carolina, Medicaid - Ohio

Policy Type: Prior Authorization

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Products Affected

Korsuva intravenous solution

Listed Indications

[Chronic Kidney Disease associated Pruritus \(CKD-aP\)](#)

Chronic Kidney Disease associated Pruritus (CKD-aP)

Does the member meet all of the following criteria?

Criteria #1 Diagnosis of Chronic Kidney Disease with associated pruritus (CKD-aP) also known as Uremic Pruritus

Criteria #2 Has undergone hemodialysis at least 3 times per week consistently for the previous 3 months

For continuation of therapy requests, does the member meet all of the following renewal criteria?

Renewal Criteria #1 Continues to undergo hemodialysis at least 3 times per week

Renewal Criteria #2 Reported efficacy that pruritus has decreased since initiation of Korsuva (difelikefalin) therapy

Approval Duration

Initial Korsuva (difelikefalin) will be approved for a 6 month duration or as determined through a clinical review for therapy initiation, and in plan year durations or as determined through clinical review for continuation of therapy.

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Background

This is a prior authorization policy about Korsuva (difelikefalin)

CKD-aP is also known as uremic pruritus, and is local or general itching directly related to kidney disease without another comorbid condition to explain the itching. Data from the Dialysis Outcomes and Practice Patterns Study showed that CKD-aP affects approximately 70% of patients undergoing hemodialysis, with about 40% reporting moderate to severe pruritus. There are about 468K people in the United States receiving hemodialysis. The most common treatments used for CKD-aP are conventional antipruritic agents that have limited off-label clinical evidence. These agents include topical steroids and emollients, and systemic antihistamines, antidepressants, anticonvulsants, and opioid receptor modulators. Furthermore, it is estimated that a high proportion of patients with CKD-aP are currently not receiving treatment.

Korsuva (difelikefalin) is a kappa opioid receptor (KOR) agonist. The relevance of KOR activation to therapeutic effectiveness is not known.

Korsuva (difelikefalin) is indicated for the treatment of moderate-to-severe pruritus associated with chronic kidney disease (CKD-aP) in adults undergoing hemodialysis (HD)

CKD-aP is also known as uremic pruritus, and is local or general itching directly related to kidney disease without another comorbid condition to explain the itching

Difelikefalin is available as a 65mcg/1.3ml solution for IV infusion

Provider Claim Codes

For medically billed requests, please visit www.humana.com/PAL. Select applicable Preauthorization and Notification List(s) for medical and procedural coding information.

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Medical Terms

pruritis; ckd; uremic pruritus; itch; Korsuva; IV; difelikefalin; hemodialysis

References

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