

Difelikefalin (Korsuva™)

Place of Service  
Office Administration  
Infusion Center Administration  
Home Infusion  
Self-Administration

HCPCS: J0879 per 0.1 mcg

**Condition listed in policy (see criteria for details)**

- [Moderate-to-severe pruritus associated with chronic kidney disease \(CKD-aP\)](#)

**AHFS therapeutic class:** Central nervous system agent

**Mechanism of action:** Kappa opioid receptor agonist

**(1) Special Instructions and Pertinent Information**

**Covered under the medical benefit,** please submit clinical information for prior authorization review via fax.

**(2) Prior Authorization/Medical Review is required for the following condition(s)**

**All requests for Korsuva™ (difelikefalin) must be sent for clinical review and receive authorization prior to drug administration or claim payment.**

**Moderate-to-severe pruritus associated with chronic kidney disease (CKD-aP) due to hemodialysis (HD):**

1. Being administered with hemodialysis, **AND**
2. Inadequate response, intolerable side effect to one prior therapy (e.g., dialysis modification, phototherapy, topical emollients, topical analgesics: capsaicin, pramoxine, oral antihistamines: hydroxyzine or diphenhydramine, gabapentin, montelukast, naltrexone)

**Covered Doses**

0.5 mcg/kg IV at the end of each HD treatment

**Coverage Period**

Yearly

**ICD-10:**

L29.8

**(3) The following condition(s) DO NOT require Prior Authorization/Preservice**

**All requests for Korsuva™ (difelikefalin) must be sent for clinical review and receive authorization prior to drug administration or claim payment.**

**(4) This Medication is NOT medically necessary for the following condition(s)**

**Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.**

Please refer to the Provider Manual and User Guide for more information.

## **(5) Additional Information**

### How Supplied:

- 65 mcg/1.3 mL (50 mcg/mL) single-dose vial

## **(6) References**

- Korsuva (difelikefalin) [Prescribing Information]. Stamford, CT: Cara Therapeutics Inc.; 08/2021.
- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>

## **(7) Policy Update**

Date of last review: 2Q2023

Date of next review: 2Q2024

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity  
Reviewed by P&T Committee*