

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

Phosphate Binder Agents Step Therapy

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Comment	Quantity Limit
calcium acetate (prescription and OTC)	Preferred	May be subject to quantity limit
lanthanum		
sevelamer carbonate (generic Renvela)		
Auryxia (ferric citrate)	Non-Preferred	
Calphron (calcium acetate) – Brand (OTC)		
Fosrenol (lanthanum carbonate)		
Phoslyra (calcium acetate)		
RenaGel (sevelamer hydrochloride)		
Renvela (sevelamer carbonate) - Brand		
Velphoro (sucroferric oxyhydroxide)		

APPROVAL CRITERIA

Requests for a non-preferred phosphate binder may be approved if the following are criteria:

- I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to two (2) preferred agents;

Preferred agents: Calcium acetate (prescription and OTC), lanthanum, sevelamer (generic Renvela)

Non-preferred agents: Auryxia, Calphron (OTC), Fosrenol, Phoslyra, Renagel, Renvela (brand), Velphoro

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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OR

- II. Individual is requesting Auryxia and has a diagnosis of iron deficiency anemia associated with chronic kidney disease (CKD) stages 3, 4, or 5 not on dialysis; **AND**
- III. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to one oral iron supplement (Fishbane 2017);

OR

- IV. The preferred agents do not provide acceptable options due to concomitant clinical conditions, such as but not limited to the following:
 - A. Individual is pregnant and is requesting Auryxia or Velphoro; **OR**
 - B. Individual has a diagnosis of bowel or gastrointestinal obstruction;

OR

- V. A trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of only sevelamer powder will be required if individual is unable to swallow tablets/capsules.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: March 27, 2019.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Fishbane S, Block GA, Loram L, et al. Effects of ferric citrate in patients with nondialysis-dependent CKD and iron deficiency anemia. *J Am Soc Nephrol*. 2017;28:1851-1858.
4. Kidney Disease: Improving Global Outcomes (KDIGO). KDIGO 2017 Clinical Practice Guideline for the Diagnosis, Evaluation, Prevention, and Treatment of Chronic Kidney Disease–Mineral and Bone Disorder (CKD–MBD). *Kidney Int*. 2017; 7:1-59. Available from: <https://kdigo.org/guidelines/ckd-mbd/>. Accessed on: March 28, 2019.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.

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