

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

*FHK- Florida Healthy Kids

Phosphate Binder Agents Step Therapy

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Comment
calcium acetate (prescription and OTC)	Preferred
lanthanum	
sevelamer	
Eliphos (calcium acetate) - Brand	
Auryxia (ferric citrate)	Non-Preferred
Calphron (calcium acetate) – Brand (OTC)	
Fosrenol (lanthanum carbonate)	
PhosLo* (calcium acetate) - Brand	
Phoslyra (calcium acetate)	
RenaGel (sevelamer hydrochloride)	
Renvela (sevelamer carbonate)	
Velphoro (sucroferric oxyhydroxide)	

*PhosLo was discontinued by the manufacturer as of 7-2015. Edit will remain active as claims can adjudicate up to three years after agent discontinuation.

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, Eliphos (brand)

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

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

*FHK- Florida Healthy Kids

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

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.
CRX-ALL-0270-18

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

*FHK- Florida Healthy Kids

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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.
CRX-ALL-0270-18