

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class**Phosphate Binders****Clinical Edit Information Included in this Document**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Incorporated Phosphate Binders PDL criteria into clinical criteria



Phosphate Binders

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
AURYXIA 210 MG TABLET	37075
CALCIUM ACETATE 667 MG CAPSULE	13675
CALCIUM ACETATE 667 MG TABLET	75051
CALPHRON 667 MG TABLET	03694
FOSRENOL 500 MG TABLET CHEW	23813
FOSRENOL 750 MG POWDER PACKET	32453
FOSRENOL 750 MG TABLET CHEW	26116
FOSRENOL 1,000 MG POWDER PACKET	32454
FOSRENOL 1,000 MG TABLET CHEW	26115
LANTHANUM CARB 500 MG TAB CHEW	23813
LANTHANUM CARB 750 MG TAB CHEW	26116
LANTHANUM CARB 1,000 MG TB CHW	26115
PHOSLYRA 667 MG/5 ML SOLUTION	29943
RENAGEL 800 MG TABLET	16853
RENVELA 2.4 GM POWDER PACKET	27484
RENVELA 800 MG TABLET	99200
SEVELAMER 2.4 GM POWDER PACKET	27484
SEVELAMER CARBONATE 800 MG TABLET	99200
SEVELAMER HCL 800 MG TABLET	16853
VELPHORO 500 MG CHEWABLE TAB	36003



Phosphate Binders

Clinical Criteria Logic

1. Does the client have a diagnosis of **end stage renal disease (ESRD)** in the last 730 days?
 - Yes (Go to #2)
 - No (Deny)

2. Does the client have a diagnosis of **hyperphosphatemia** in the last 180 days?
 - Yes (And the request is for Renvela or generic Renvela – go to #4)
 - Yes (And the request is for an agent other than Renvela or generic Renvela, go to #5)
 - No (And the request is for Auryxia, go to #3)
 - No (And the request is for an agent other than Auryxia, deny)

3. Does the client have a diagnosis of **iron deficiency anemia** in the last 180 days?
 - Yes (Go to #5)
 - No (Deny)

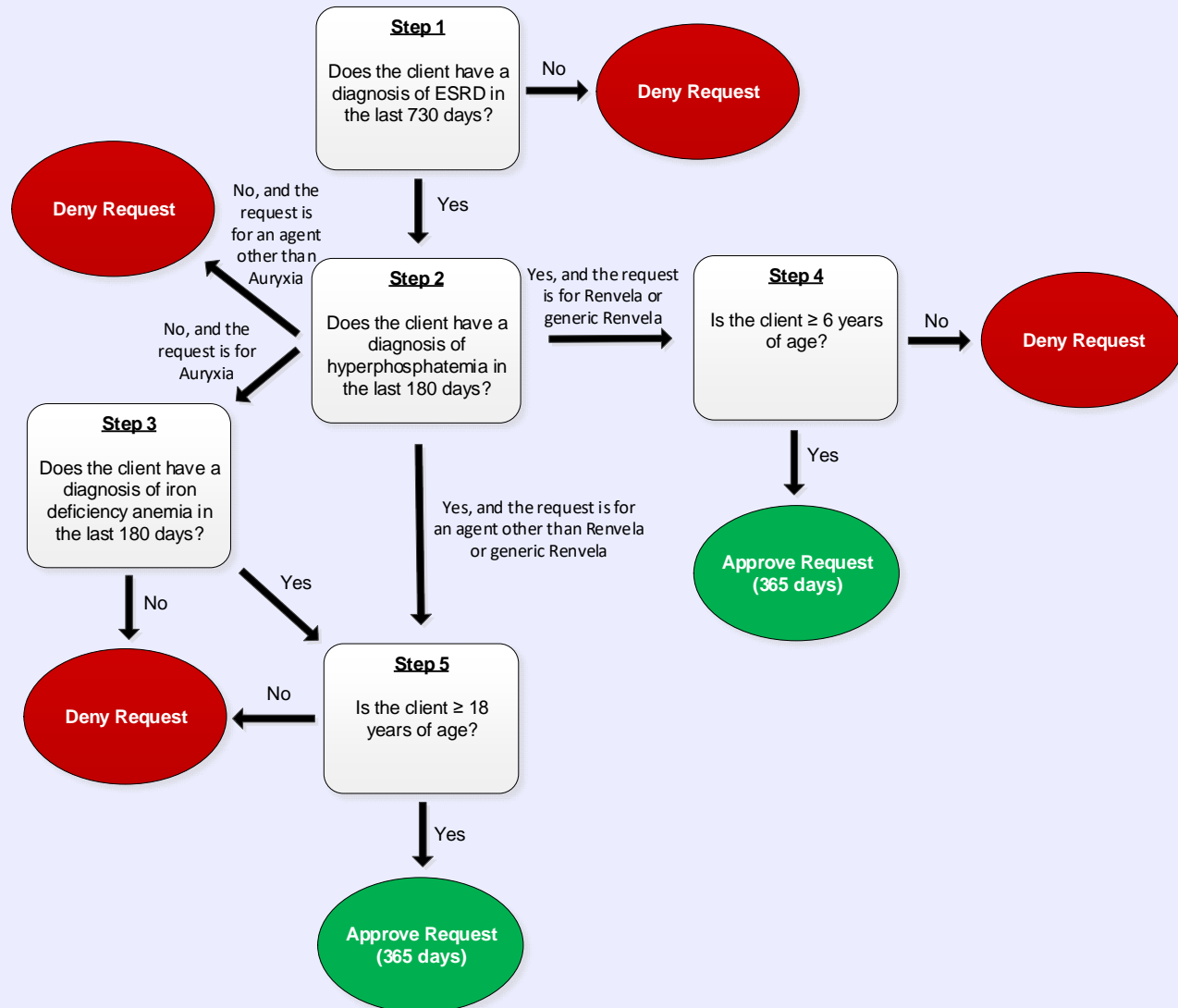
4. Is the client greater than or equal to (\geq) 6 years of age?
 - Yes (Approve PA – 365 days)
 - No (Deny)

5. Is the client greater than or equal to (\geq) 18 years of age?
 - Yes (Approve PA – 365 days)
 - No (Deny)



Phosphate Binders

Clinical Criteria Logic Diagram





Phosphate Binders

Clinical Criteria Supporting Tables

Diagnosis of end stage renal disease (ESRD) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
N186	END STAGE RENAL DISEASE

Diagnosis of hyperphosphatemia Required quantity: 1 Look back timeframe: 180 days	
ICD-10 Code	Description
E8339	OTHER DISORDERS OF PHOSPHORUS METABOLISM

Diagnosis of iron deficiency anemia Required quantity: 1 Look back timeframe: 180 days	
ICD-10 Code	Description
D631	ANEMIA IN CHRONIC KIDNEY DISEASE



Phosphate Binders

Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2021. Available at www.clinicalpharmacology.com. Accessed on July 23, 2021.
2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on July 23, 2021.
3. Fosrenol Prescribing Information. Lexington, MA, Shire US Inc. August 2020.
4. Gonzalez-Campoy JM, St. Jeor ST, Castorino K, et al. Clinical practice guidelines for healthy eating for the prevention and treatment of metabolic and endocrine diseases in adults: cosponsored by the American Association of Clinical Endocrinologists/the American College of Endocrinology and the Obesity Society. *Endocr Pract.* 2013 Sep-Oct;19(Suppl 3):1-82
5. Auryxia Prescribing Information. Boston, MA. Keryx Biopharmaceuticals, Inc. December 2019.
6. Phoslyra Prescribing Information. Waltham, MA. Fresenius Medical Care North America. September 2020.
7. Velphoro Prescribing Information. Waltham, MA. Fresenius Medical Care North America. November 2020.
8. Calcium Acetate Gelcaps Prescribing Information. Waltham, MA: Fresenius Medical Care North America; April 2018.
9. Quarles LD, Berkoben M. Management of hyperphosphatemia in adults with chronic kidney disease. In: UpToDate, Berns JS (Ed), UpToDate, Waltham, MA, 2021.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
01/31/2011	Initial publication and posting to website
10/13/2011	Added a new section to specify the drugs requiring prior authorization
01/15/2016	Added GCNs for the powder packets
04/02/2018	Annual review by staff Added GCNs for Auryxia, calcium acetate, Phoslyra and Velphoro to 'Drugs Requiring PA' Updated references
03/29/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search .) on each 'Drug Requiring PA' table
01/30/2020	Added GCN for Eliphos to drug table
04/30/2021	Annual review by staff Added GCNs for Renagel/sevelamer (16853); Renvela/sevelamer (27484, 99200) to drug table Removed GCN for Eliphos (75051) from drug table Added age check for Renvela and generic Renvela Updated references
07/23/2021	Incorporated PDL criteria into clinical criteria