

PHOSPHATE BINDERS PA SUMMARY

PREFERRED	PhosLo, Renagel, Renvela capsules
NON-PREFERRED	Generic calcium acetate, Eliphos, Fosrenol, Phoslyra, Renvela oral powder

LENGTH OF AUTHORIZATION: 1 Year

NOTE: Prior authorization is required for all preferred and non-preferred products in this class. If generic calcium acetate tablets are approved, the PA will be entered for the brand product, Eliphos.

PA CRITERIA:

For PhosLo, Renagel, or Renvela capsules

- ❖ Approvable for the following diagnoses: hyperphosphatemia associated with end stage renal disease (ESRD), dialysis, renal failure, or chronic kidney disease

For Generic Calcium Acetate or Eliphos

- ❖ Approvable for the following diagnoses: hyperphosphatemia associated with end stage renal disease (ESRD), dialysis, renal failure, or chronic kidney disease

AND:

- ❖ Provider must also submit a written letter of medical necessity stating the reason(s) brand name PhosLo (preferred medication) is not appropriate for the member.

For Fosrenol

- ❖ Approvable for the following diagnoses: hyperphosphatemia associated with end stage renal disease (ESRD), dialysis, renal failure, or kidney disease

AND:

- ❖ Provider must also submit documentation of ineffectiveness, allergies, contraindications/drug-drug interactions, or a history of intolerable side effects to 2 preferred products.

For Phoslyra oral solution or Renvela oral powder

- ❖ Approvable for the following diagnoses: hyperphosphatemia associated with end stage renal disease (ESRD), dialysis, renal failure, or chronic kidney disease

AND:

- ❖ Provider must also submit documentation of member inability to swallow oral dosage forms.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.

- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.