



**GEORGIA MEDICAID FEE-FOR-SERVICE  
HYPOPHOSPHATEMIA TREATMENTS PA SUMMARY**

Preferred	Non-Preferred
Calcitriol generic K-Phos (potassium phosphate) Phospha (potassium phosphate/sodium phosphate) Rocaltrol (calcitriol) Virt-Phos (potassium phosphate/sodium phosphate)	Crysvida (burosumab-twza)

**NOTE:** If the provider is requesting for administration in a clinic or physician’s office, the provider should go to the Registered User portion of the Georgia Health Partnership website at <https://www.mmis.georgia.gov/portal> to request coverage from Physician Services.

**LENGTH OF AUTHORIZATION:** Initial: 6 months; Renewal: 1 year

**PA CRITERIA:**

*Crysvida*

- ❖ Approvable for members 6 months of age and older with a diagnosis of X-linked hypophosphatemia (XLH) confirmed by genetic test showing a PHEX gene mutation (phosphate regulating gene with homology to endopeptidase on the X chromosome) or serum fibroblast growth factor 23 (FGF23) level >30 pg/mL who have a baseline serum phosphorus level below the lower limit of normal for the member’s age and have experienced an inadequate response allergies, contraindications, drug-drug interactions or intolerable side effects to the preferred products, calcitriol (Rocaltrol) and phosphate (K-Phos, Phospha, Virt-Phos).
- ❖ Approvable for members 2 years of age and older with a diagnosis of FGF23-related hypophosphatemia in tumor-induced osteomalacia (TIO) associated with phosphaturic mesenchymal tumor whose tumor is not curatively resectable or localized.
- ❖ Must be prescribed by or in consultation with a specialist experienced in the treatment of hypophosphatemia.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**



- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.