GEORGIA MEDICAID FEE-FOR-SERVICE
HYPOPHOSPHATEMIA TREATMENTS PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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</thead>
<tbody>
<tr>
<td>Calcitriol generic</td>
<td>Crystvita (burosumab-twza)</td>
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<tr>
<td>K-Phos (potassium phosphate)</td>
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<tr>
<td>Phospha (potassium phosphate/sodium phosphate)</td>
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<tr>
<td>Rocaltrol (calcitriol)</td>
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<tr>
<td>Virt-Phos (potassium phosphate/sodium phosphate)</td>
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</tbody>
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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:

**Crystvita**

❖ 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 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, highlight Pharmacy and click on Other Documents, then select the most recent quarters QLL List.