



**GEORGIA MEDICAID FEE-FOR-SERVICE
PHOSPHATE BINDERS PA SUMMARY**

Preferred	Non-Preferred
Calcium acetate capsules generic Renegel (sevelamer hydrochloride 800 mg tablet)	Auryxia (ferric citrate tablets) Calcium acetate tablets generic Fosrenol Powder (lanthanum carbonate) Lanthanum carbonate chewable tablets generic Phoslyra (calcium acetate oral solution) Renvela (sevelamer carbonate powder and tablets) Sevelamer hydrochloride 400 mg tablets generic Velphoro (sucroferric oxyhydroxide chewable tablets)

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

Auryxia

- ❖ Approvable for members 18 years or older with a diagnosis of hyperphosphatemia (serum phosphate >4.5 mg/dL) due to end stage renal disease (ESRD), dialysis, renal failure or chronic kidney disease (CKD) who are adhering to a low phosphate diet (i.e., ≤900 mg/day) and have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with calcium acetate and Renegel.
- ❖ Approvable for members 18 years or older with a diagnosis of iron deficiency anemia (percent transferrin saturation (TSAT) level ≤30% and serum ferritin level ≤500 ng/mL) due to CKD who are not on dialysis and have experienced ineffectiveness or intolerable side effect with ferrous sulfate.

Calcium Acetate Tablets Generic

- ❖ For members with a diagnosis of hyperphosphatemia (serum phosphate >4.5 mg/dL) due to ESRD, dialysis, renal failure or CKD who are adhering to a low phosphate diet (i.e., ≤900 mg/day), prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic calcium acetate capsules, is not appropriate for the member.

Fosrenol Powder and Lanthanum Carbonate Chewable Tablets Generic and Velphoro

- ❖ Approvable for members 18 years or older with a diagnosis of hyperphosphatemia (serum phosphate >4.5 mg/dL) due to ESRD, dialysis, renal failure or CKD who are adhering to a low phosphate diet (i.e., ≤900 mg/day) and are unable to swallow solid oral dosage forms or have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with calcium acetate and Renegel.

Phoslyra

- ❖ Approvable for members with a diagnosis of hyperphosphatemia (serum phosphate >4.5 mg/dL) due to ESRD, dialysis, renal failure or CKD who are adhering to a low phosphate



diet (i.e., ≤ 900 mg/day) and are unable to swallow solid oral dosage forms otherwise prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic calcium acetate capsules, is not appropriate for the member.

Renvela Powder

- ❖ Approvable for members 6 years or older with a diagnosis of hyperphosphatemia (serum phosphate >4.5 mg/dL) due to ESRD, dialysis, renal failure or CKD who are adhering to a low phosphate diet (i.e., ≤ 900 mg/day) and are unable to swallow solid oral dosage forms or have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with calcium acetate and Renagel.

Renvela Tablets

- ❖ Approvable for members 6 years or older with a diagnosis of hyperphosphatemia (serum phosphate >4.5 mg/dL) due to ESRD, dialysis, renal failure or CKD who are adhering to a low phosphate diet (i.e., ≤ 900 mg/day) and have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with calcium acetate and Renagel.

Sevelamer Hydrochloride 400 mg Tablets Generic

- ❖ Approvable for members 6 years or older with a diagnosis of hyperphosphatemia (serum phosphate >4.5 mg/dL) due to ESRD, dialysis, renal failure or CKD who are adhering to a low phosphate diet (i.e., ≤ 900 mg/day) and require dosing that cannot be obtained with Renagel 800 mg tablets otherwise prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Renagel 800 mg tablets, is not appropriate for the member.

QLL CRITERIA:

Renagel and Renvela

- ♦ An increased quantity may be considered based on the member's serum phosphorus level for members taking more than 20 tablets per day or more than 3 packets per day.

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.