



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

Preferred	Non-Preferred
Calcium acetate capsules generic Sevelamer carbonate tablets generic	Auryxia (ferric citrate tablets) Calcium acetate tablets generic Fosrenol Powder (lanthanum carbonate) Lanthanum carbonate chewable tablets generic Sevelamer carbonate powder generic Sevelamer hydrochloride 400 mg tablets generic Velphoro (sucroferric oxyhydroxide chewable tablets) Xphozah (tenapanor)

**LENGTH OF AUTHORIZATION:** 1 year

**PA CRITERIA:**

Auryxia

- ❖ Approvable for members 18 years or older with a diagnosis of hyperphosphatemia (serum phosphate >5.5 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 the preferred products, calcium acetate and sevelamer.
- ❖ 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 >5.5 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 >5.5 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 the preferred products, calcium acetate and sevelamer.

Sevelamer Carbonate Powder Generic

- ❖ Approvable for members 6 years or older with a diagnosis of hyperphosphatemia (serum phosphate >5.5 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 prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic sevelamer carbonate tablets, is not appropriate for the member.

Sevelamer Hydrochloride 400 mg Tablets Generic

- ❖ Approvable for members 6 years or older with a diagnosis of hyperphosphatemia (serum phosphate >5.5 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, generic sevelamer carbonate tablets, is not appropriate for the member.

Xphozah

- ❖ Approvable for members 18 years or older with a diagnosis of hyperphosphatemia (serum phosphate >5.5 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 the preferred products, calcium acetate and sevelamer.
- ❖ Must be prescribed as add-on therapy for hyperphosphatemia.

**QLL CRITERIA:**

Sevelamer Hydrochloride Tablets Generic, Sevelamer Carbonate Tablets Generic and Sevelamer Carbonate Powder Generic

- ♦ 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](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 Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.