



PHOSPHATE BINDERS PA SUMMARY

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| PREFERRED | Eliphos tablets, Renagel |
| NON-PREFERRED | Generic calcium acetate capsules/tablets, FosrenolPhoslyra, Renvela (tablets, oral powder) |

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

For Generic Calcium Acetate capsules/tablets

- ❖ 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 Eliphos (preferred medication) is not appropriate for the member.

For Fosrenol

- ❖ Approvable for the following diagnoses: end stage renal disease (ESRD), dialysis, renal failure, or chronic kidney disease (i.e. hyperphosphatemia or increased phosphate due to renal issues)

AND:

- ❖ Member must have experienced ineffectiveness, allergies, contraindications/drug-drug interactions, or a history of intolerable side effects to Eliphos and Renagel (or Renvela).

For Phoslyra oral solution

- ❖ Approvable for the following diagnoses: end stage renal disease (ESRD), dialysis, renal failure, or chronic kidney disease (i.e. hyperphosphatemia or increased phosphate due to renal issues)

AND:

- ❖ Provider must also submit documentation of member inability to swallow oral dosage forms. Otherwise, prescriber must submit a written letter of medical necessity stating the reasons that Eliphos is not appropriate for the member.

For Renvela tablets or oral powder for suspension

- ❖ Approvable for the following diagnoses: end stage renal disease (ESRD), dialysis, renal failure, or chronic kidney disease (i.e. hyperphosphatemia or increased phosphate due to renal issues)

AND:

- ❖ Member must have experienced allergies, contraindications, drug-drug interactions, intolerable side effects, or ineffectiveness to Eliphos and Renagel.

QLL CRITERIA:

For Renagel or Renvela



- ❖ An increased quantity may be approved based on the member's serum phosphorus level for members taking more than 18 tablets/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 **Catamaran 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.