

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class**Phosphate Binders****Clinical Edit Information Included in this Document**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Updated the Phosphate Binders clinical prior authorization criteria as presented to the DUR Board. PDL PA criteria was incorporated into the clinical criteria



Phosphate Binders

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
AURYXIA 210 MG TABLET	37075
CALCIUM ACETATE 667 MG CAPSULE	13675
CALCIUM ACETATE 667 MG TABLET	75051
CALPHRON 667 MG TABLET	03694
FOSRENOL 500 MG TABLET CHEW	23813
FOSRENOL 750 MG POWDER PACKET	32453
FOSRENOL 750 MG TABLET CHEW	26116
FOSRENOL 1,000 MG POWDER PACKET	32454
FOSRENOL 1,000 MG TABLET CHEW	26115
LANTHANUM CARB 500 MG TAB CHEW	23813
LANTHANUM CARB 750 MG TAB CHEW	26116
LANTHANUM CARB 1,000 MG TB CHW	26115
PHOSLYRA 667 MG/5 ML SOLUTION	29943
RENAGEL 800 MG TABLET	16853
RENVELA 2.4 GM POWDER PACKET	27484
RENVELA 800 MG TABLET	99200
SEVELAMER 0.8 GM POWDER PACKET	27483
SEVELAMER 2.4 GM POWDER PACKET	27484
SEVELAMER CARBONATE 800 MG TABLET	99200
SEVELAMER HCL 800 MG TABLET	16853
VELPHORO 500 MG CHEWABLE TAB	36003



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Clinical Criteria Logic

1. Does the client have a diagnosis of **end stage renal disease (ESRD)** in the last 730 days?
 - Yes (Go to #2)
 - No (And the request is for Auryxia, go to #3)
 - No (And the request is for an agent other than Auryxia, deny)

2. Does the client have a diagnosis of **hyperphosphatemia** in the last 180 days?
 - Yes (And the request is for Renvela or generic Renvela, go to #7)
 - Yes (And the request is for an agent other than Renvela or generic Renvela, go to #8)
 - No (And the request is for Auryxia, go to #3)
 - No (And the request is for an agent other than Auryxia, deny)

3. Does the client have a diagnosis of **iron deficiency anemia** in the last 365 days?
 - Yes (Go to #4)
 - No (Go to #8)

4. Does the client have a diagnosis of **chronic kidney disease (CKD)** in the last 730 days?
 - Yes (Go to #5)
 - No (Deny)

5. Does the client have a history of **dialysis** in the last 180 days?
 - Yes (Deny)
 - No (Go to #6)

6. Is the client \geq 18 years of age?
 - Yes (Approve PA – 365 days)
 - No (Deny)

7. Is the client \geq 6 years and $<$ 18 years of age?
 - Yes (Approve PA – 365 days)
 - No (Go to #8)

8. Is the client \geq 18 years of age?
 - Yes (Go to #9)
 - No (Deny)

9. Does the client have a diagnosis of **hypercalcemia** (corrected calcium lab value > 10.2) or consecutive PTH lab values < 150 [manual] in the last 180 days?

- Yes (And the request is for a non-calcium acetate containing product, approve – 365 days)
- Yes (And the request is for a calcium acetate containing product, deny)
- No (Go to #10)

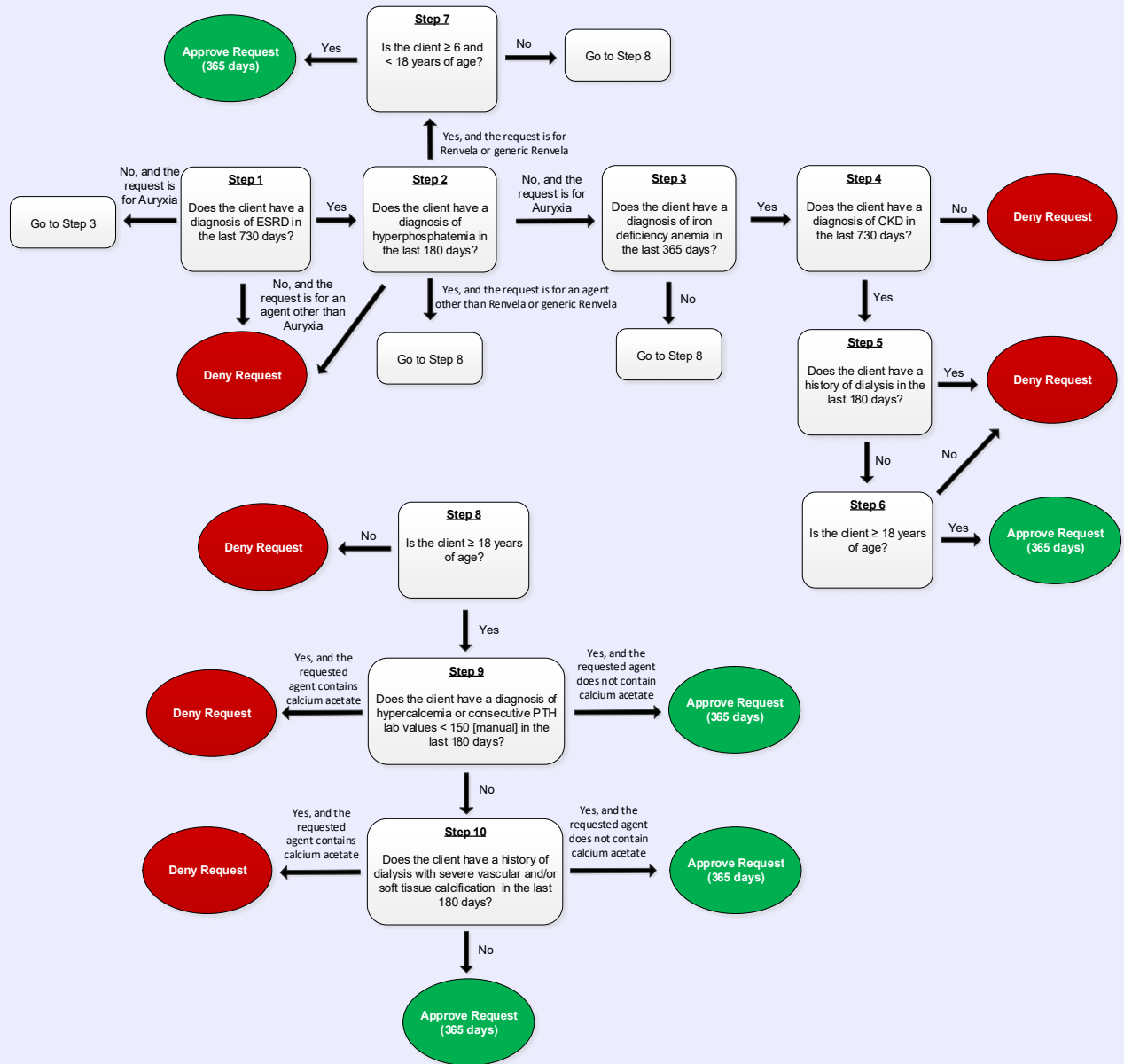
10. Does the client have a history of **dialysis** with severe vascular and/or soft tissue calcification in the last 180 days?

- Yes (And the request is for a non-calcium acetate containing product, approve – 365 days)
- Yes (And the request is for a calcium acetate containing product, deny)
- No (Approve – 365 days)



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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Step 1 (diagnosis of end stage renal disease [ESRD]) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
N186	END STAGE RENAL DISEASE

Step 2 (diagnosis of hyperphosphatemia) Required quantity: 1 Look back timeframe: 180 days	
ICD-10 Code	Description
E8339	OTHER DISORDERS OF PHOSPHORUS METABOLISM

Step 3 (diagnosis of iron deficiency associated with CKD) Required quantity: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
D508	OTHER IRON DEFICIENCY ANEMIAS
D509	IRON DEFICIENCY ANEMIA, UNSPECIFIED
D631	ANEMIA IN CHRONIC KIDNEY DISEASE

Step 4 (diagnosis of chronic kidney disease) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
N181	CHRONIC KIDNEY DISEASE, STAGE 1
N182	CHRONIC KIDNEY DISEASE, STAGE 2 (MILD)
N1830	CHRONIC KIDNEY DISEASE, STAGE 3 UNSPECIFIED
N1831	CHRONIC KIDNEY DISEASE, STAGE 3A
N1832	CHRONIC KIDNEY DISEASE, STAGE 3B
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)
N185	CHRONIC KIDNEY DISEASE, STAGE 5
N186	END STAGE RENAL DISEASE

Step 4 (diagnosis of chronic kidney disease)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
N189	CHRONIC KIDNEY DISEASE, UNSPECIFIED

Step 5/10 (history of dialysis)	
Required quantity: 1	
Look back timeframe: 180 days	
ICD-10 Code/CPT Code	Description
V56	ENCOUNTER FOR DIALYSIS AND DIALYSIS CATHETER CARE
V560	RENAL DIALYSIS ENCOUNTER
V561	FT/ADJ XTRCORP DIAL CATH
V562	FIT/ADJ PERIT DIAL CATH
V563	ENCOUNTER FOR ADEQUACY TESTING FOR DIALYSIS
V5631	HEMODIALYSIS TESTING
V5632	PERITONEAL DIALYSIS TEST
V568	DIALYSIS ENCOUNTER, NEC
V56	ENCOUNTER FOR DIALYSIS AND DIALYSIS CATHETER CARE
V560	RENAL DIALYSIS ENCOUNTER
V561	FT/ADJ XTRCORP DIAL CATH
V562	FIT/ADJ PERIT DIAL CATH
V563	ENCOUNTER FOR ADEQUACY TESTING FOR DIALYSIS
V5631	HEMODIALYSIS TESTING
V5632	PERITONEAL DIALYSIS TEST
V568	DIALYSIS ENCOUNTER, NEC
90944	HEMODIAL, INITIAL OR ACUTE (EG, ACUTE RENAL FAILURE OR INTOXICAT; PAT UNDER 10 KG
90945	DIALYSIS, ONE EVALUATION
90947	DIALYSIS, REPEATED EVAL
90977	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT 21-40 KG
90978	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT 11-20 KG
90979	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT UNDER 10 KG
90982	PERITONEAL DIALYSIS FOR (ESRD), MAINT STABI COND, HOSP/OTHER FACIL PER SET; MORE 40 KG
90983	PERITONEAL DIALYSIS FOR (ESRD), MAINT STABL COND, HOSP/OTHER FAC PER SET; PATIENT 21-40 KG
90984	PERITONEAL DIALYSIS FOR (ESRD), MAINT STABI COND, HOSP/OTHER FAC PER SET; PATIENT 11-20 KG

Step 5/10 (history of dialysis) Required quantity: 1 Look back timeframe: 180 days	
ICD-10 Code/CPT Code	Description
90985	PERITONEAL DIALYSIS FOR (ESRD), MAINT STABI COND, HOSP/OTHER FAC PER SET; PATIENT UNDER 10K
90989	DIALYSIS TRAINING, COMPLETE
90990	HEMODIALYSIS TRAINING AND/OR COUNSELING
90991	HOME HEMODIALYSIS CARE, OUTPAT, SERV PROVID BY PHYSI RESPONS FOR TOTAL CARE
90992	PERITONEAL DIALYSIS TRAINING AND/OR COUNSELING (MEDICARE ONLY)
90993	DIALYSIS TRAINING, INCOMPL
90994	SUPERVISION OF CHRONIC AMBPERITONEAL DIAL (CAPD), HOME/OUT-PATIENT, MONTHLY

Step 9 (diagnosis of hypercalcemia) Required quantity: 1 Look back timeframe: 180 days	
ICD-10 Code	Description
E8352	HYPERCALCEMIA



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Clinical Criteria References

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2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on July 23, 2021.
3. Fosrenol Prescribing Information. Lexington, MA, Shire US Inc. August 2020.
4. Gonzalez-Campoy JM, St. Jeor ST, Castorino K, et al. Clinical practice guidelines for healthy eating for the prevention and treatment of metabolic and endocrine diseases in adults: cosponsored by the American Association of Clinical Endocrinologists/the American College of Endocrinology and the Obesity Society. *Endocr Pract.* 2013 Sep-Oct;19(Suppl 3):1-82
5. Auryxia Prescribing Information. Boston, MA. Keryx Biopharmaceuticals, Inc. March 2021.
6. Phoslyra Prescribing Information. Waltham, MA. Fresenius Medical Care North America. September 2020.
7. Velphoro Prescribing Information. Waltham, MA. Fresenius Medical Care North America. November 2020.
8. Calcium Acetate Gelcaps Prescribing Information. Waltham, MA: Fresenius Medical Care North America; April 2018.
9. Quarles LD, Berkoben M. Management of hyperphosphatemia in adults with chronic kidney disease. In: UpToDate, Berns JS (Ed), UpToDate, Waltham, MA, 2021.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
01/31/2011	Initial publication and posting to website
10/13/2011	Added a new section to specify the drugs requiring prior authorization
01/15/2016	Added GCNs for the powder packets
04/02/2018	Annual review by staff Added GCNs for Auryxia, calcium acetate, Phoslyra and Velphoro to 'Drugs Requiring PA' Updated references
03/29/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search .) on each 'Drug Requiring PA' table
01/30/2020	Added GCN for Eliphos to drug table
04/30/2021	Annual review by staff Added GCNs for Renagel/sevelamer (16853); Renvela/sevelamer (27484, 99200) to drug table Removed GCN for Eliphos (75051) from drug table Added age check for Renvela and generic Renvela Updated references
02/02/2022	Updated the Phosphate Binders clinical prior authorization criteria as presented to the DUR Board. PDL PA criteria was incorporated into the clinical criteria.