

Texas Prior Authorization Program  
Clinical Criteria

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## Drug/Drug Class

# Phosphate Binders

## Clinical Criteria 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

Annual review by staff

Updated references



## Phosphate Binders

### Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit [txvendordrug.com/formulary/formulary-search](https://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
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
REVELA 2.4 GM POWDER PACKET	27484
REVELA 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 400 MG TABLET	16852
SEVELAMER HCL 800 MG TABLET	16853
VELPHORO 500 MG CHEWABLE TAB	36003



## Phosphate Binders

### Clinical Criteria Logic

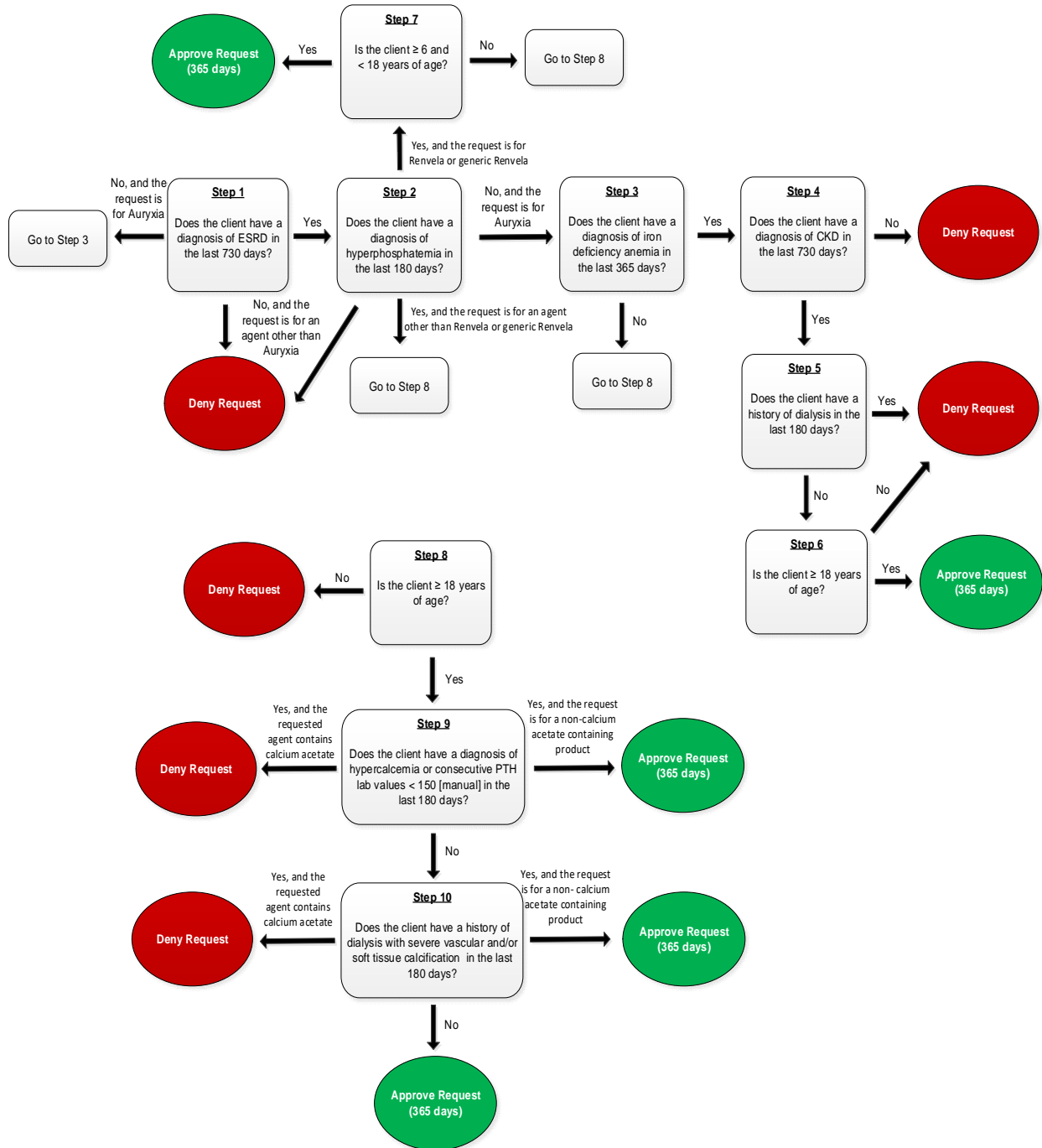
1. Does the client have a [diagnosis of end stage renal disease \(ESRD\)](#) in the last 730 days?
  - ☐ Yes – Go to #2
  - ☐ No (And the request is for Auryxia) – Go to #3
  - ☐ No (And the request is for an agent other than Auryxia) – Deny
2. Does the client have a [diagnosis of hyperphosphatemia](#) 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 greater than or equal to ( $\geq$ ) 18 years of age?
  - ☐ Yes – Approve (365 days)
  - ☐ No – Deny
7. Is the client greater than or equal to ( $\geq$ ) 6 years and less than ( $<$ ) 18 years of age?
  - ☐ Yes – Approve (365 days)
  - ☐ No – Go to #8
8. Is the client greater than or equal to ( $\geq$ ) 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)



## Phosphate Binders

### Clinical Criteria Logic Diagram





## Phosphate Binders

### Clinical Criteria Supporting Tables

<b>Table 1 (diagnosis of end stage renal disease (ESRD))</b> <b>Required quantity: 1</b> <b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
N186	END STAGE RENAL DISEASE

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

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

<b>Table 4 (diagnosis of chronic kidney disease)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
N181	CHRONIC KIDNEY DISEASE, STAGE 1

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

<b>Table 5/10 (history of dialysis)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 180 days</b>	
<b>ICD-10 Code/CPT Code</b>	<b>Description</b>
Z4901	ENCOUNTER FOR FITTING AND ADJUSTMENT OF EXTRACORPOREAL DIALYSIS CATHETER
Z4902	ENCOUNTER FOR FITTING AND ADJUSTMENT OF PERITONEAL DIALYSIS CATHETER
Z4931	ENCOUNTER FOR ADEQUACY TESTING FOR HEMODIALYSIS
Z4932	ENCOUNTER FOR ADEQUACY TESTING FOR PERITONEAL DIALYSIS
Z992	DEPENDENCE ON RENAL DIALYSIS
90944	HEMODIAL, INITIAL OR ACUTE (EG, ACUTE RENAL FAILURE OR INTOXICAT; PAT UNDER 10 KG
90945	DIALYSIS, ONE EVALUATION
90947	DIALYSIS, REPEATED EVAL

<b>Table 5/10 (history of dialysis)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 180 days</b>	
<b>ICD-10 Code/CPT Code</b>	<b>Description</b>
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
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 RESPNS 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

<b>Table 9 (diagnosis of hypercalcemia)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 180 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
E8352	HYPERCALCEMIA





## Phosphate Binders

### Clinical Criteria References

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## Phosphate Binders

### 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	<ul style="list-style-type: none"> <li>Initial publication and posting to website</li> </ul>
10/13/2011	<ul style="list-style-type: none"> <li>Added a new section to specify the drugs requiring prior authorization</li> </ul>
01/15/2016	<ul style="list-style-type: none"> <li>Added GCNs for the powder packets</li> </ul>
04/02/2018	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added GCNs for Auryxia, calcium acetate, Phoslyra, and Velphoro to 'Drugs Requiring PA'</li> <li>Updated references</li> </ul>
03/29/2019	<ul style="list-style-type: none"> <li>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 <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a>.) on each 'Drug Requiring PA' table</li> </ul>
01/30/2020	<ul style="list-style-type: none"> <li>Added GCN for Eliphos to drug table</li> </ul>
04/30/2021	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added GCNs for Renagel/sevelamer (16853); Renvela/sevelamer (27484, 99200) to drug table</li> <li>Removed GCN for Eliphos (75051) from drug table</li> <li>Added age check for Renvela and generic Renvela</li> <li>Updated references</li> </ul>
02/02/2022	<ul style="list-style-type: none"> <li>Updated the Phosphate Binders clinical prior authorization criteria as presented to the DUR Board. PDL PA criteria was incorporated into the clinical criteria.</li> </ul>
02/01/2023	<ul style="list-style-type: none"> <li>Updated ICD-10 codes for dialysis in supporting table</li> </ul>
12/08/2023	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Removed GCN for Phoslyra (29943) – product has been discontinued</li> <li>Updated references</li> </ul>

Publication Date	Notes
01/26/2024	<ul style="list-style-type: none"><li>Recommended check for bowel obstruction for products containing sevelamer and lanthanum to DURB</li></ul>
02/07/2024	<ul style="list-style-type: none"><li>DURB declined to add check for bowel obstruction for products containing sevelamer and lanthanum</li></ul>
06/10/2024	<ul style="list-style-type: none"><li>Added GCN for sevelamer (16852) to PA drugs table</li></ul>
07/31/2024	<ul style="list-style-type: none"><li>Annual review by staff</li><li>Removed GCN for Renagel (16853); product has been discontinued</li><li>Removed GCN for Calphron (03694); product is not on formulary</li><li>Updated references</li></ul>
02/28/2025	<ul style="list-style-type: none"><li>Annual review by staff</li><li>Updated references</li></ul>