

**Texas Prior Authorization Program
Clinical Criteria**

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



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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.

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
RENELA 2.4 GM POWDER PACKET	27484
RENELA 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



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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 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)

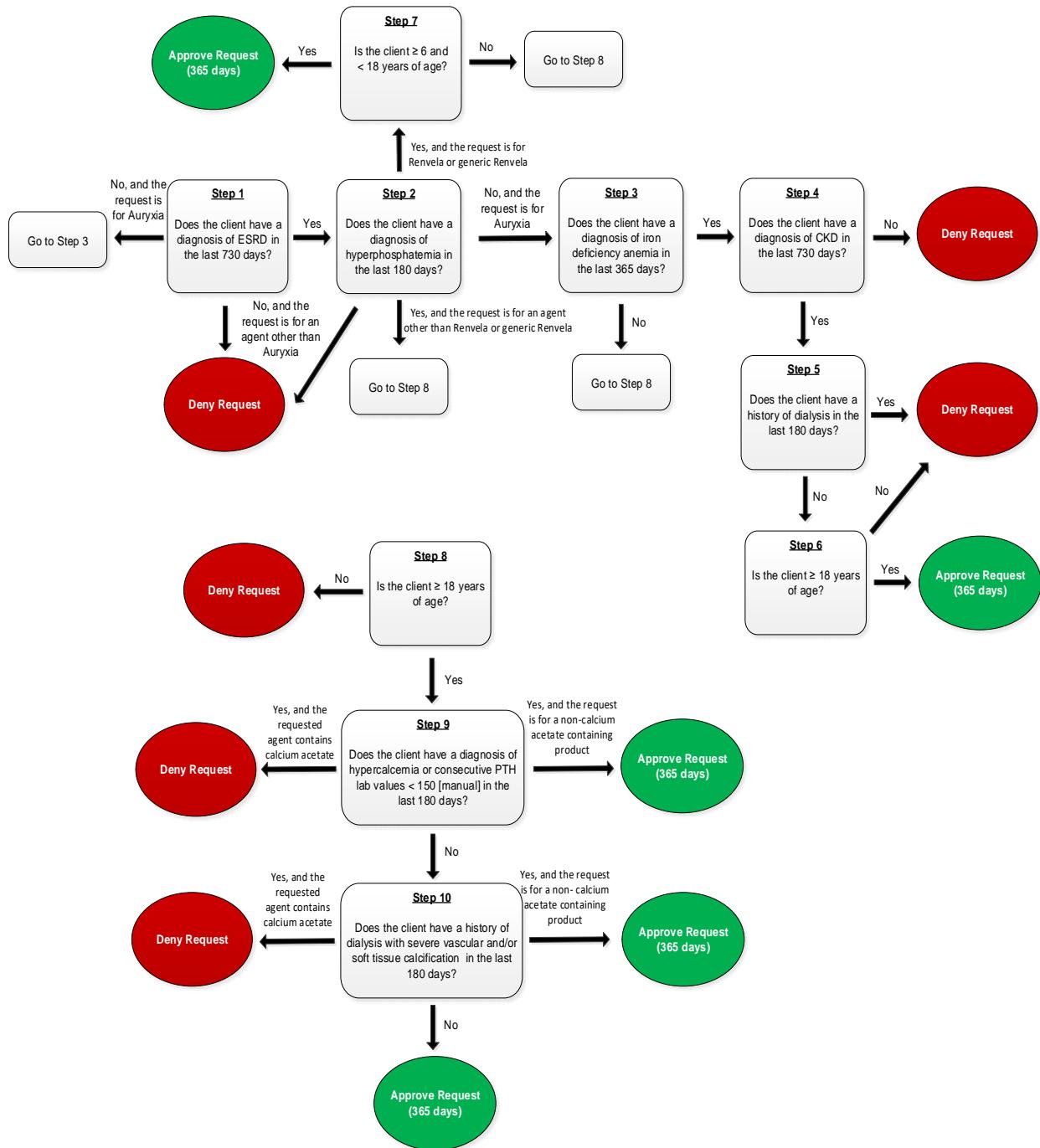
[] Yes (And the request is for a calcium acetate containing product) – Deny

[] No – Approve (365 days)

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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Table 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

Table 2 (diagnosis of hyperphosphatemia)

Required quantity: 1

Look back timeframe: 180 days

ICD-10 Code	Description
E8339	OTHER DISORDERS OF PHOSPHORUS METABOLISM

Table 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

Table 4 (diagnosis of chronic kidney disease)

Required quantity: 1

Look back timeframe: 730 days

ICD-10 Code	Description
N181	CHRONIC KIDNEY DISEASE, STAGE 1

Table 4 (diagnosis of chronic kidney disease)**Required quantity: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
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

Table 5/10 (history of dialysis)**Required quantity: 1****Look back timeframe: 180 days**

ICD-10 Code/CPT Code	Description
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

Table 5/10 (history of dialysis)**Required quantity: 1****Look back timeframe: 180 days**

ICD-10 Code/CPT Code	Description
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 PROVIDED 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

Table 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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12. 2025 ICD-10-CM Diagnosis Codes, Volume 1. 2025. Available at www.icd10data.com. Accessed on March 30, 2025.



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

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