Premier Health Plan

# POLICY AND PROCEDURE



**POLICY TITLE:** ***Non-preferred Brand Phosphate Binder Step***
**DEPARTMENT:** **Clinical Pharmacy Services- Utilization Management**
**ORIGINAL DATE:** ***October 2014 (as adopted from UPMC Health Plan)***

**Last P & T Committee Approval Date:** *February 2018*

**Product Applicability:** *mark all applicable products below:*

| | |
|---|---|
| **COMMERCIAL** | [ ] HMO [ ] PPO *Products*: [ ] Small [ ] Indiv. [ ] Large *Exchange*: [ ] Shop [ ] Indiv. [x ] All |
| **OTHER** | [ x ] Self-funded/ASO |

## PURPOSE

The purpose of this policy is to define the prior authorization process for Non-preferred Brand Phosphate Binder.

Calcium acetate (PhosLo®, Phoslyra®) is indicated to reduce serum phosphorus in patients with end stage renal disease (ESRD).

Ferric citrate (Auryxia) is indicated for the control of serum phosphorus levels in patients with chronic kidney disease on dialysis.

Lanthanum carbonate (Fosrenol®) is indicated to reduce serum phosphorus in patients with end stage renal disease (ESRD).

Sevelamer hydrochloride (Renagel®) and sevelamer carbonate (Renvela) are indicated for the control of serum phosphorus in patients with chronic kidney disease on dialysis.

Succroferric oxyhydroxide (Velphoro®) is indicated for the control of serum phosphorus levels in patients with chronic kidney disease on dialysis.

## DEFINITIONS

**Non-preferred medication** – a brand name medication for which a generic or other brand name medication is preferred at a lower tier. This medication is associated with the highest level of copayment.

## POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The non-preferred brand phosphate binder drugs are subject to the prior authorization process.

## PROCEDURE

**Initial Authorization Criteria:**

*Must meet all of the criteria listed under the respective header:*

1. **Automatic coverage:**
   - Must have a documented pharmacy claim history of prior therapy with one of the following:
     - Calcium acetate
     - Renagel
     - Renvela
     - Auryxia

2. **Members without a documented claims history:**
   - Must have documentation indicating that the member has failed or had intolerance to one of the following:
     - Calcium acetate
     - Renagel
     - Renvela
     - Auryxia

## Limitations:

| Length of Authorization (if above criteria met) | |
|---|---|
| Initial Authorization | Up to duration of member's membership with plan |
| Reauthorization | N/A |

If the established criteria are not met, the request is referred to a Medical Director for review.

## REFERENCES

1. PhosLo [prescribing information]. Waltham, MA: Fresenius Medical Care North America; January 2007.
2. Phoslyra [prescribing information]. Waltham, MA: Fresenius Medical Care North America; April 2011.
3. Auryxia [prescribing information]. New York, NY: Keryx Biopharmaceuticals, Inc.; November2014.
4. Fosrenol [prescribing information]. Wayne, PA: Shire US, Inc.; August 2011.
5. Renagel [prescribing information]. Cambridge, MA: Genzyme Corporation; August 2011.
6. Renvela [prescribing information]. Cambridge, MA: Genzyme Corporation; August 2011.
7. Velphoro [prescribing information]. Waltham, MA: Fresenius Medical Care North America; December 2013.

## RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

## REVIEW HISTORY

| DESCRIPTION OF REVIEW / REVISION | DATE APPROVED |
|---|---|
| *Annual review* | *02/17, 02/18* |
| | |