SoonerCare
Oklahoma Health Care Authority

Pharmacy Services

(800) 522-0114, option 4

05/01/2017

Dear SoonerCare Provider,

The purpose of this fax is to provide information regarding criteria recently established for the reimbursement of various **phosphate binder products**. You are receiving this fax because you recently prescribed or dispensed a phosphate binder product for SoonerCare member(s). **Effective 05/08/2017**, **Velphoro® chewable tablets, Auryxia™ tablets, and Fosrenol® 1,000mg chewable tablets, 750mg oral powder, and 1,000mg oral powder will require prior authorization. The following medications do not require prior authorization**: generic calcium acetate containing products, Phoslyra®, Renvela®, Renagel®, and Fosrenol® 500mg and 750mg tablets.
The authorization criteria for reimbursement for the prior authorized medications is as follows:

Velphoro® (Sucroferric Oxyhydroxide) and Auryxia™ (Ferric Citrate) Approval Criteria:

1. A diagnosis of hyperphosphatemia in patients with chronic kidney disease (CKD) on dialysis; and
2. Documented trials of inadequate response to at least two of the phosphate binders available without a prior authorization or a patient-specific, clinically significant reason why the member cannot use a phosphate binder available without a prior authorization.
3. For Auryxia™, a quantity limit of 12 tablets per day will apply.

Fosrenol® (Lanthanum Carbonate) 1,000mg Chewable Tablets, 750mg Oral Powder, and 1,000mg Oral Powder Approval Criteria:

1. A diagnosis of hyperphosphatemia in patients with end stage renal disease (ESRD); and
2. Documented trials of inadequate response to at least two of the phosphate binders available without a prior authorization or a patient-specific, clinically significant reason why the member cannot use a phosphate binder available without a prior authorization; and
3. For the approval of Fosrenol® oral powder, a patient-specific, clinically significant reason why a special formulation is needed over a phosphate binder available without a prior authorization, such as Fosrenol® 500mg or 750mg chewable tablets which can be crushed, must be provided; and
4. For the approval of Fosrenol® 1,000mg chewable tablets, a patient-specific, clinically significant reason why the member cannot use a phosphate binder available without a prior authorization, such as Fosrenol® 500mg or 750mg chewable tablets, must be provided.

Please note all members receiving Velphoro®, Auryxia™, and Fosrenol® 1,000mg tablets, 750mg powder, and 1,000mg powder will require that a manual prior authorization be submitted by their prescriber. No grandfathering will be allowed. If a member requires use of one of these non-preferred products, prior authorization requests can be submitted for consideration to SoonerCare Pharmacy Services, including patient-specific, clinically significant supporting information for use of the requested medication in place of the preferred products.

Updated versions of prior authorization criteria for phosphate binder medications can be downloaded from www.okhca.org/rx-pa, then clicking “Chelating/Binding Agents”. Prior authorization request forms can be found online at www.okhca.org/forms (PHARM-04).

Thank you for the services you provide to Oklahomans insured by SoonerCare!