

Phosphate Binders and Absorption Inhibitors

Goal(s):

- Promote use of preferred drugs for OHP-funded diagnoses.
- Allow case-by-case review for members covered under the EPSDT program.

Length of Authorization:

- Up to 12 months

Requires PA:

- Non-preferred phosphate binders

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria

1. What diagnosis is being treated?	Record ICD10 code	
2. Is this an OHP-funded diagnosis?	Yes: Go to #3	No: Go to #7
3. Is the request for an FDA-approved indication?	Yes: Go to #4	No: Go to #7
4. Is the request for tenapanor?	Yes: Go to #5	No: Go to #6
5. Is the request to use tenapanor as add-on therapy to a phosphate binder in an adult with chronic kidney disease receiving dialysis who has had an inadequate response to phosphate binders or who is intolerant of any dose of a phosphate binder?	Yes: Approve for 1 year	No: Pass to RPh. Deny; medical appropriateness.
6. Has the patient tried or have contraindications to a preferred phosphate binder (i.e., calcium acetate, sevelamer carbonate)?	Yes: Approve for 1 year	No: Pass to RPh. Deny; medical appropriateness. Recommend trial of preferred phosphate binder product.

Approval Criteria

7. RPh only: All other indications need to be evaluated as to whether use is for an OHP-funded diagnosis.

- If funded and clinic provides supporting literature, approve for up to 12 months.
- If not funded:
 - If current age < 21 years; Is there documentation that the condition is of sufficient severity that it impacts the patient's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living, etc)?
AND
 - Is the request for a preferred product OR has the patient failed to have benefit with, or have contraindications or intolerance to, at least 2 preferred products?
 - Is yes, may approve for up to 12 months.
 - If No, Deny (medical necessity and appropriateness)
 - If current age ≥ 21 years, Deny; not funded by the OHP.

P&T Review: 4/24 (DM); 8/21 (DM); 1/16 (AG); 11/12; 9/12; 9/10

Implementation: 5/1/24; 5/1/16; 2/21/13