

Phosphate Binders

Goal(s):

- Promote use of preferred drugs

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 #5
3. Has the patient tried or contraindicated to calcium acetate?	Yes: Document trial dates and/or intolerance. Go to #4	No: Pass to RPh. Deny; medical appropriateness. Recommend trial of preferred calcium acetate product.
4. Will the prescriber consider a change to a preferred non-calcium-based phosphate binder?	Yes: Approve for 1 year and inform prescriber of preferred alternatives in class.	No: Approve for 1 year or length of prescription, whichever is less.
5. RPh only: All other indications need to be evaluated as to whether use is for an OHP-funded diagnosis. <ul style="list-style-type: none"> If funded and clinic provides supporting literature, approve for up to 12 months. If non-funded, deny; not funded by the OHP. 		

P&T Review: 8/21 (DM); 1/16 (AG); 11/12; 9/12; 9/10
Implementation: 5/1/16; 2/21/13