Phosphate Binders

**Goal(s):**
- Promote use of preferred drugs.
- Reserve non-calcium-based phosphate binders for second-line therapy.

**Length of Authorization:**
Up to 12 months

**Requires PA:**
- Non-preferred phosphate binders
- Preferred non-calcium-based phosphate binders

**Covered Alternatives:**
- Current PMPDP preferred drug list per OAR 410-121-0030 at [www.orpdl.org](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

### Approval Criteria

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<td>1. What diagnosis is being treated?</td>
<td>Record ICD10 code</td>
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| 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.  
- 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:_ 1/16 (AG); 11/12; 9/12; 9/10  
_Implementation:_ 2/21/13