



Commercial/Healthcare Exchange PA Criteria

Effective: April 27, 2020

Prior Authorization: Velphoro

Products Affected: Velphoro, lanthanum carbonate chewable tablet

Medication Description

Phosphate binders bind phosphate within the intestinal lumen, limiting absorption and decreasing serum phosphate concentrations. These agents are indicated for treatment of hyperphosphatemia: control of serum phosphorus in patients with chronic kidney disease on dialysis.

Covered Uses: For control of serum phosphorus levels in patients with chronic kidney disease receiving dialysis.

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous therapies tried and failed

Age Restrictions: N/A

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

- A. Patient has hyperphosphatemia in the setting of chronic kidney disease (CKD) requiring dialysis;
AND
- B. Patient has an intolerance or contraindication to Renagel (Sevelamer) and Renvela (Sevelamer carbonate)

References:

1. Chertow GM, Burke SK, Lazarus JM, et al. Poly[allylamine hydrochloride] (**Renagel**): a noncalcemic phosphate binder for the treatment of hyperphosphatemia in chronic renal failure. *Am J Kidney Dis.* 1997;29(1):66-71. [PubMed](#)

Policy Revision history

Last Res. April 2020



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Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy Removal from CCI PA to Indication Policy	All	4/27/2020