



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2024 P 3163-3
Program	Step Therapy – Phosphate Binders
Medication	Fosrenol <sup>®</sup> * (lanthanum carbonate)
P&T Approval Date	2/2022, 2/2023, 2/2024
Effective Date	5/1/2024

**1. Background:**

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. Fosrenol\* (lanthanum carbonate) is a phosphate binder indicated to reduce serum phosphate in patients with end stage renal disease (ESRD).

This program requires a member to try either sevelamer or calcium acetate before providing coverage for lanthanum carbonate. Members with a history of lanthanum carbonate as documented in claims history will be allowed continued coverage of their current therapy. Members new to therapy will be required to meet the below criteria.

**2. Coverage Criteria<sup>a</sup>:**

**A. Lanthanum carbonate (generic Fosrenol\*)** will be approved based on the following criterion:

1. History of failure, contraindication or intolerance to **one** of the following:

- a) calcium acetate (eg. PhosLo)
- b) sevelamer carbonate (generic Renvela)
- c) sevelamer hydrochloride (generic Renagel)

**B. Fosrenol (brand only)\*** will be approved based on **both** of the following criteria:

1. History of failure, contraindication or intolerance to **one** of the following:

- a) calcium acetate (eg. PhosLo)
- b) sevelamer carbonate (generic Renvela)
- c) sevelamer hydrochloride (generic Renagel)

**-AND-**

2. History of failure, contraindication or intolerance to lanthanum carbonate (generic Fosrenol)

**Authorization will be issued for 12 months**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.



**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.  
\* Fosrenol brand chewable tablets are typically excluded from coverage.

**4. References:**

1. Fosrenol [package insert]. Lexington, MA: Takeda Pharmaceuticals American, Inc; December 2023.
2. KDIGO 2012 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. *Kidney International*. Vol. 3(1). January 2012.

Program	Step Therapy – Phosphate Binders
<b>Change Control</b>	
Date	Change
2/2022	New program
2/2023	Annual review with no changes.
2/2024	Annual review. Updated references.