UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Renvela

Program	Step Therapy
Medication	Renvela (sevelamer carbonate) tablets
Markets in Scope	California, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania- CHIP, Rhode Island, South Carolina
Issue Date	9/2009
Pharmacy and Therapeutics Approval Date	8/2020
Effective Date	10/2020

1. Background:

Renvela is a phosphate binder indicated for the control of serum phosphorus in patients with chronic kidney disease on dialysis.

Automated Step Therapy Criteria: A claim for Renvela tablets will process at the point of sale if the patient's drug fill history shows an 8 week trial of calcium acetate tablets or capsules.

2. Coverage Criteria:

A. <u>Authorization Criteria</u>

1. **Renvela tablets** will be approved for patients when **<u>one</u>** of the following circumstances is met:

   a. The patient did not exhibit an adequate response to treatment with at least an 8 week trial of calcium acetate

   -OR-

   b. The patient experienced an intolerance/adverse reaction to previous therapy with calcium acetate

   -OR-

   c. The patient has a documented contraindication to treatment with calcium acetate

Authorization will be issued for 12 months.

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.
- Supply limits may be in place.

4. References:

1. Renvela® [package insert]. Cambridge, MA: Genzyme Corporation; April 2020.
2. Berkoben M, Quarles LD. Management of hyperphosphatemia in adults with chronic kidney disease. In: UpToDate, JS Berns (Ed). UpToDate, Waltham, MA, 2019. http://www.uptodate.com (Accessed on July 15, 2020.)

Program	Step Therapy –Renvela (sevelamer carbonate)
Change Control	
Date	Change
9/2009	New policy
9/2012	Revision
12/2016	Annual review, updated policy template and added standard authorization duration of 12 months
11/2017	Annual review. Updated references.
7/2018	Specified that this program applies to only the Renvela tablets.
7/2019	Moved automated step therapy language to the background. Updated references.
8/2020	Revised calcium acetate step therapy language to match automated step therapy criteria. Added additional clinical rules statement and updated references.