



Commercial/Healthcare Exchange PA Criteria Effective: January 1, 2021

Prior Authorization: Auryxia

Products Affected: Auryxia 210mg tablet

Medication Description: Ferric citrate lowers serum phosphate levels in patients with hyperphosphatemia by binding to dietary phosphate in the GI tract as ferric iron, and precipitating as ferric phosphate, which is excreted in the stool. Ferric iron is also reduced to the ferrous form in the GI tract, is transported into the blood via enterocytes, and circulates bound to transferrin and can be incorporated into hemoglobin for the treatment of iron deficiency anemia

Covered Uses:

1. Hyperphosphatemia in Chronic Kidney Disease on Dialysis
2. Iron Deficiency Anemia in Chronic Kidney Disease Not on Dialysis

Exclusion Criteria:

1. Patients with iron overload syndromes (e.g., hemochromatosis)

Required Medical Information:

1. Diagnosis
2. Medical History
3. Previous therapies tried/failed

Age Restrictions: 18 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

Hyperphosphatemia in Chronic Kidney Disease on Dialysis

- A. Patient is diagnosed with hyperphosphatemia associated with chronic kidney disease and is receiving dialysis;
AND
- B. Patient has a documented intolerance to, contraindication, or treatment failure with sevelamer carbonate

Iron Deficiency Anemia in Chronic Kidney Disease Not on Dialysis

- A. Patient is diagnosed with iron deficiency of anemia with chronic kidney disease; **AND**
- B. Patient is not receiving dialysis; **AND**
- C. Patient has a documented intolerance to, contraindication, or treatment failure with at least TWO alternative oral iron therapies (e.g., ferrous sulfate, ferrous fumarate, ferrous gluconate)

January 2021



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References:

1. Auryxia (ferric citrate) [prescribing information]. Boston, MA: Keryx Biopharmaceuticals; November 2017.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	1/1/2021