

Reference number(s)

2048-D

Initial Step Therapy; Post Step Therapy Prior Authorization Velphoro

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Velphoro	sucroferric oxyhydroxide

Indications

FDA-approved Indications

Velphoro is indicated for the control of serum phosphorus levels in adults and pediatric patients 9 years of age and older with chronic kidney disease (CKD) on dialysis.

Initial Step Therapy

If the patient has filled a prescription for at least a 30-day supply of calcium acetate (e.g., PhosLo) within the past 120 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

Velphoro ST, Post PA 2048-D P11-2024.docx

© 2025 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

Coverage Criteria

Chronic Kidney Disease

Authorization may be granted when the requested drug is being prescribed to control serum phosphorus levels in adult and pediatric patients 9 years of age and older with chronic kidney disease (CKD) who are receiving dialysis when ONE of the following criteria are met:

- The patient has experienced an inadequate treatment response to calcium acetate (e.g., PhosLo).
- The patient has experienced an intolerance to calcium acetate (e.g., PhosLo).
- The patient has a contraindication that would prohibit a trial of calcium acetate (e.g., PhosLo).
- It has been determined that calcium acetate (e.g., PhosLo) is NOT appropriate for the patient (e.g., due to hypercalcemia, arterial calcification, adynamic bone disease, low parathyroid hormone [PTH] levels, or age).

Duration of Approval (DOA)

2048-D: DOA: 12 months

References

- 1. Velphoro [package insert]. Waltham, MA: Fresenius Medical Care North America; August 2024.
- 2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. https://online.lexi.com. Accessed September 24, 2024.
- 3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 09/24/2024).
- 4. Kidney Disease: Improving Global Outcomes (KDIGO) CKD-MBD Update Work Group. KDIGO 2017 Clinical Practice Guideline Update for the Diagnosis, Evaluation, Prevention, and Treatment of Chronic Kidney Disease Mineral and Bone Disorder (CKD-MBD). Kidney Int Suppl. 2017;7:1–59.