

Non-Formulary Phosphate-Lowering Medication Request

Patient Name: _____ **Date of Birth** _____

Effective January 1st, 2025, dialysis patients covered by Medicare are required to obtain prescription phosphate-lowering medications directly from their dialysis provider. Non-formulary phosphate-lowering medications require prior approval. Tenapanor (Xphozah®) is not currently available at the NKC pharmacy due to CMS regulations.

NKC formulary medications

Calcium carbonate (Tums) (\$)
 Calcium acetate (Phos Lo) (\$)
 Sevelamer carbonate (Renvela) (\$)
 Lanthanum carbonate (Fosrenol) (\$\$)

Non-formulary medications

Ferric citrate (Auryxia) (\$\$\$)
 Sucroferric oxyhydroxide (Velphoro) (\$\$\$)

Non-formulary medication requested:

Ferric citrate (Auryxia)
(maximum dose 12 tablets/day)

Sucroferric oxyhydroxide (Velphoro)
(maximum dose 6 tablets/day)

Rationale

1. Patient allergy/intolerance to formulary phosphate binders? Yes No
2. Formulary phosphate binders not effective? Yes No
3. Prior phosphate-lowering therapies tried?
 - Calcium carbonate Yes No
 - Calcium acetate Yes No
 - Sevelamer Yes No
 - Lanthanum Yes No

Please send completed form to NKC Pharmacy by fax to 206-343-4884 or by email to pharmacy@nwkidney.org

Physician Name: _____

Physician Signature: _____ **Date:** _____