PRIOR AUTHORIZATION POLICY

POLICY: Nephrology – Xphozah Prior Authorization Policy
- Xphozah® (tenapanor tablets – Ardelyx)

REVIEW DATE: 07/10/2024

OVERVIEW

Xphozah, a sodium hydrogen exchanger 3 (NHE3) inhibitor, is indicated to reduce serum phosphorus in adults with chronic kidney disease (CKD) on dialysis as add-on therapy in patients who have an inadequate response to phosphate binders or who are intolerant of any dose of phosphate binder therapy.[1]

Efficacy

The efficacy of Xphozah was evaluated in three pivotal trials (PHREEDOM, BLOCK, and AMPLIFY) in patients with CKD on dialysis with hyperphosphatemia. In the PHREEDOM and BLOCK trials, patients had a serum phosphorus level of at least 6.0 mg/dL to 10.0 mg/dL.[1] In the AMPLIFY trial, patients had a serum phosphate level of 5.5 to 10 mg/dL. All patients had been on maintenance dialysis for ≥ 3 months. In all three pivotal trials, the primary endpoint, which was the difference in the mean change in serum phosphate levels, in patients taking Xphozah vs. placebo was statistically significant.

Guidelines

The Kidney Disease Improving Global Outcomes (KDIGO) published a 2017 clinical practice guideline update for the diagnosis, evaluation, prevention, and treatment of CKD-mineral and bone disorder (CKD-MBD), which is a selective update of the prior CKD-MBD guideline published in 2009.[2] Xphozah is not mentioned in the guidelines. The classification of CKD in these guidelines is based upon glomerular filtration rate (G1 to G5) and albuminemia (A1 to A3); G5D represents kidney failure on dialysis. Treatment options for hyperphosphatemia include diet modification, phosphate-lowering therapy, and intensified dialysis for patients with CKD stage G5D. The following are recommendations in patients with CKD G3a to G5D. Elevated phosphate levels are suggested to be lowered toward the normal range (Grade 2C recommendation). The guideline update does not provide the reference value of normal range. Decisions about phosphate-lowering treatment are suggested to be based on progressively or persistently elevated serum phosphate (not graded). The broader term "phosphate-lowering" treatment is used instead of phosphate-binding agents since all possible approaches (i.e., phosphate binders, diet, dialysis) can be effective, which is a change from the 2009 guidelines.[3]

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Xphozah. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Xphozah as well as the monitoring required for adverse events and long-term efficacy, approval requires Xphozah to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Xphozah is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Hyperphosphatemia in Chronic Kidney Disease.** Approve for 1 year if the patient meets ALL of the following (A, B, C, D, E and F):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has chronic kidney disease (CKD); AND
   - **C)** Patient has been on maintenance dialysis for ≥ 3 months; AND
   - **D)** Patient's serum phosphate level is ≥ 5.5 mg/dL and <10.0 mg/dL; AND
   - **E)** Patient meets ONE of the following (i or ii):
     - **i.** Patient meets BOTH of the following (a and b):
       - **a)** Patient has tried at least two phosphate binders; AND
         Note: Examples of phosphate binders include: sevelamer, lanthanum, ferric citrate, and sucroferric oxyhydroxide, calcium carbonate, and calcium acetate.
       - **b)** Patient had an inadequate response and/or intolerance to at least two phosphate binders; OR
     - **ii.** Patient meets ONE of the following (a or b):
       - **a)** Patient has a contraindication to at least two phosphate binders; OR
         Note: Contraindications to phosphate binders include bowel obstruction, iron overload, and hypercalcemia.
       - **b)** Patient meets BOTH of the following (1 and 2):
         - **(1)** Patient has inadequate response and/or intolerance to at least one phosphate binder; AND
         - **(2)** Patient has a contraindication to at least one phosphate binder.
           Note: Contraindications to phosphate binders include bowel obstruction, iron overload, and hypercalcemia.
   - **F)** The medication is prescribed by or on consultation with a nephrologist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Xphozah is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Xphozah® tablets [prescribing information]. Waltham, MA: Ardelyx; October 2023.
2. Ketteler M, Block G, Evenepoel P, et al. Diagnosis, evaluation, prevention, and treatment of chronic kidney disease-mineral and bone disorder: synopsis of the kidney disease: improving global outcomes 2017 clinical practice guideline update. *Ann Intern Med*. 2018; 168 (6): 422-430.
3. Ketteler M, Block G, Evenepoel P, et al. Executive summary of the 2017 KDIGO Chronic Kidney Disease-Mineral and Bone Disorder (CKD-MBD) Guideline Update: what's changed and why it matters. *Kidney Int*. 2017; 92(1):26.