

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 1427-2
Program	Prior Authorization/Notification
Medication	Xphozah® (tenapanor)
P&T Approval Date	1/2025
Effective Date	4/1/2025

1. Background:

Xphozah® (tenapanor) is a sodium hydrogen exchanger 3 (NHE3) inhibitor 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.

2. Coverage Criteria^a:

A. Initial Authorization

1. **Xphozah** will be approved based on **all** of the following criteria:

a. Diagnosis of chronic kidney disease (CKD)

-AND-

b. Patient is receiving dialysis

-AND-

c. Xphozah will be used as add-on therapy to reduce serum phosphorus

-AND-

d. **One** of the following:

(1) Patient has had an inadequate response to phosphate binder therapy [e.g., calcium acetate, sevelamer, lanthanum, Velphoro (sucroferric oxyhydroxide)]

-OR-

(2) Patient is intolerant to any dose of phosphate binder therapy

Authorization will be issued for 12 months.

B. Reauthorization

1. **Xphozah** will be approved based on the following criterion:

a. Documentation of positive clinical response to Xphozah therapy

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

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.

4. References:

1. Xphozah® [package insert]. Waltham, MA: Ardelyx, Inc.; October 2023.

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Change Control	
1/2024	New program.
1/2025	Annual review with no updates.