Reference number(s)
7568-A

This document applies to the following:

Formulary	Applies
Advanced Control (ACF)	☑
Advanced Control Formulary Chart (ACFC)	☐
Advanced Control – Choice (ACCF)	☐
Basic Control (BC)	☐
Basic Control Chart (BCC)	☐
Standard Control (SF)	☑
Standard Control Formulary Chart (SFC)	☐
Standard Control – Choice (SCCF)	☐
Value (VF)	☐
Value Formulary Chart (VFC)	☐

Formulary	Applies
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☐
Aetna Individual Lives (IVL)	☐
Aetna Fully Insured Advanced Control Formulary (Aetna FI ACF)	☐
Aetna Fully Insured Advanced Control Formulary Chart (Aetna FI ACFC)	☐
Aetna Fully Insured Standard Opt-Out (Aetna FI SOO)	☐

Exception Criteria

Xphozah

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
Xphozah	tenapanor

Indications

FDA-approved Indications

Xphozah 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.

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Coverage Criteria

Chronic Kidney Disease (CKD)

Authorization may be granted when the requested drug is being prescribed to reduce serum phosphorus in an adult patient with chronic kidney disease (CKD) on dialysis as add-on therapy when ALL of the following criteria are met:

- The patient CANNOT be treated with a formulary alternative (Available Formulary Alternatives: calcium acetate, ferric citrate, sevelamer carbonate, Auryxia).
- The patient has experienced an inadequate treatment response or intolerance to at least THREE of the following: calcium acetate, ferric citrate, sevelamer carbonate, Auryxia [ACTION REQUIRED: Documentation is required for approval].
- Before the start of therapy with the requested drug, the patient had a serum phosphorus level persistently greater than 5.5 mg/dL (1.78 mmol/L) despite interventions (e.g., reducing dietary phosphate, adding phosphate binders). [ACTION REQUIRED: Documentation is required for approval].

Duration Of Approval (DOA)

- 7568-A: DOA: 12 months

References

1. Xphozah [package insert]. Waltham, MA: Ardelyx, Inc.; June 2025.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2026. https://online.lexi.com. Accessed August 7, 2026.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 08/07/2026).
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.

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