

**Texas Prior Authorization Program  
Clinical Edit Criteria**

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**Drug/Drug Class**

**Fosrenol (Lanthanum)**

**Clinical Edit Information Included in this Document**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **References:** clinical publications and sources relevant to this clinical edit

**Note:** Click the hyperlink to navigate directly to that section.

**Revision Notes**

Added a new section to specify the drugs requiring prior authorization

**Fosrenol (Lanthanum)****Drugs Requiring Prior Authorization**

<b>Drugs Requiring Prior Authorization</b>	
<b>Label Name</b>	<b>GCN</b>
FOSRENOL 500 MG TABLET CHEW	23813
FOSRENOL 750 MG TABLET CHEW	26116
FOSRENOL 1,000 MG TABLET CHEW	26115



## Fosrenol (Lanthanum)

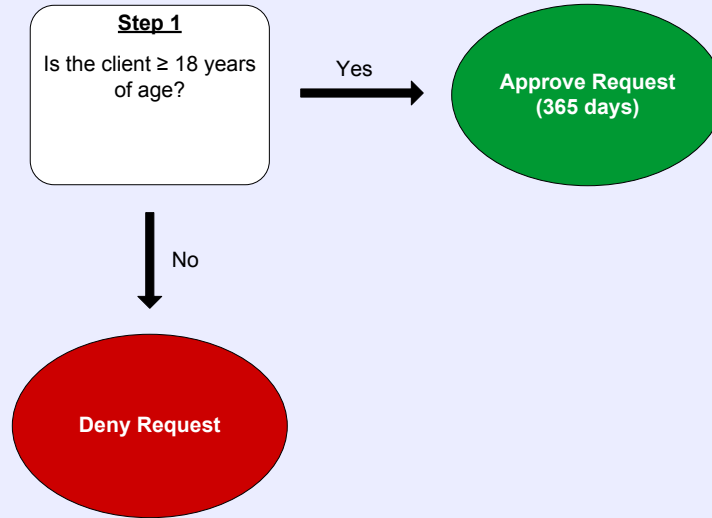
### Clinical Edit Criteria Logic

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
[ ] Yes (Approve – 365 days)  
[ ] No (Deny)



# Fosrenol (Lanthanum)

## Clinical Edit Criteria Logic Diagram





## **Fosrenol (Lanthanum)**

### **Clinical Edit Criteria References**

1. Fosrenol™ [package insert]. Wayne, PA: Shire US, Inc. 2005.

## Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
01/31/2011	Initial publication and posting to website
10/13/2011	Added a new section to specify the drugs requiring prior authorization