

To: Jai Medical Providers
From: MC-Rx
Date: April 2, 2025
Subject: Formulary Update – April 2025

Effective 4/1/2025, the following medications will be added to the formulary with a quantity limit and \$1 copay status:

- Sevelamer Carbonate 800mg Tablet – QL 9/day (270 for 30 days)

Effective 4/1/2025, the following medications will be added to the formulary with a quantity limit and prior authorization required and a \$1 copay:

- Sevelamer Carbonate Powder Packet – 0.8gm and 2.4gm – QL 6/day (180 for 30 days)
- Abiraterone acetate (generic Zytiga) 250mg Tablet – QL 4/day (120 for 30 days)

Prior Authorization Criteria:

Medication	SEVELAMER CARBONATE POWDER, FOR ORAL SUSPENSION - 0.8GM PACKET, 2.4GM PACKET
Covered Uses	All FDA approved indications: <ul style="list-style-type: none"> • Indicated for the control of serum phosphorus in adults and children 6 years of age and older with chronic kidney disease on dialysis.
Exclusion Criteria	None
Required Medical Information	Document unable to ingest a solid dosage form (e.g., oral tablet or capsule) due to one of the following: <ul style="list-style-type: none"> • Age • Oral/motor difficulties • Dysphagia • Patient utilizes a feeding tube for medication administration
Age Restriction	FDA approved for patients six (6) years of age and older
Coverage Duration	One (1) year
Max Quantity Per Day/Month	6 packets/day (180 packets/30 days)
Max Refills Per Year	Twelve (12) Refills
Required Information for Previous Trials of Rx	None
Other Criteria	None

Medication	ABIRATERONE (GENERIC ZYTIGA) 250MG TABLET
Covered Uses	<p>All FDA approved indications:</p> <ul style="list-style-type: none"> • Indicated in combination with prednisone for the treatment of patients with metastatic castration-resistant prostate cancer (CRPC) (ICD10-CM C61). • Indicated in combination with prednisone for the treatment of patients with metastatic high-risk castration-sensitive prostate cancer (CSPC) (ICD10-CM C61).
Exclusion Criteria	None
Required Medical Information	<ul style="list-style-type: none"> • For the first prescription only: <ol style="list-style-type: none"> 1. For CRPC: Documentation of metastatic castration-resistant prostate cancer; 2. For CSPC: Documentation of metastatic high-risk castration-sensitive prostate cancer; • Document concurrent prednisone use.
Age Restriction	None
Coverage Duration	One (1) year
Max Quantity Per Day/Month	4 tablets/day (120 tablets/30 days)
Max Refills Per Year	Twelve (12) Refills
Required Information for Previous Trials of Rx	None
Other Criteria	Refer to package insert for dosage and administration.

Providers can contact MC-Rx's Prior-Authorization Department at 800-555-8513 for assistance with PA requests or questions regarding clinical guidelines. Our PA Department is available Monday through Friday from 8:30 am-5:30 pm EST. For assistance with PA requests during non-business hours please contact our 24-hour customer service department at 800-213-5640.