Drug Coverage Policy

Effective Date.....9/15/2026
Coverage Policy Number.....IP0608
Policy Title.....Xphozah

Nephrology – Xphozah

- Xphozah® (tenapanor tablets - Ardelyx)

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

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] The KDIGO Controversies Conference on CDK-MBD acknowledged Xphozah as a novel approach for phosphate control in addition to classic phosphate binders.

Coverage Policy

POLICY STATEMENT
Prior Authorization is required for 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.

Xphozah is considered medically necessary when the following criteria are met:

FDA-Approved Indications

1. **Hyperphosphatemia in Chronic Kidney Disease.** Approve for 12 months if the patient meets 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: Contraindication to phosphate binders includes bowel obstruction, iron overload, or hypercalcemia.

b) Patient meets BOTH of the following (1 and 2):

(1) Patient had an inadequate response and/or intolerance to at least one phosphate binder; AND

(2) Patient has a contraindication to at least one phosphate binder.
Note: Contraindication to phosphate binders includes bowel obstruction, iron overload, or hypercalcemia.

F) The medication is prescribed by or on consultation with a nephrologist.

Conditions Not Covered

Xphozah for any other use is considered not medically necessary. Criteria will be updated as new published data are available.

References

1. Xphozah® tablets [prescribing information]. Waltham, MA: Ardelyx; June 2025.
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.
4. Ketteler M, Evenepoel P, Holden RM. Chronic kidney disease–mineral and bone disorder: conclusions from a Kidney Disease: Improving Global Outcomes (KDIGO) Controversies Conference. *Kidney International.* 2025; 107:405-423.

Revision Details

Summary of Changes	Review Date	Effective Date
No criteria changes	7/25/2024	10/1/2024
No criteria changes.	8/7/2025	10/15/2025
No criteria changes.	7/30/2026	9/15/2026

The policy effective date is in force until updated or retired.

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