

Generic Name: Cinacalcet**Therapeutic Class or Brand Name:** Sensipar®**Applicable Drugs (if Therapeutic Class):** N/A**Preferred:** Cinacalcet**Non-preferred:** Sensipar®**Date of Origin:** 2/5/2016**Date Last Reviewed / Revised:** 11/18/2024

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through IV are met)

- I. Documented diagnosis of one of the following conditions A through C AND must meet ALL criteria listed under applicable diagnosis:
 - A. Secondary Hyperparathyroidism (HPT) due to chronic kidney disease
 1. Documentation that the patient is on dialysis.
 2. Documentation that patient has a current intact PTH (iPTH) level of at least 300 pg/mL.
 3. Documented trial and failure of or contraindication to one phosphate binder (i.e. calcium acetate, lanthanum carbonate, sevelamer, sevelamer carbonate.) AND one vitamin D analog (i.e. calcitriol, doxercalciferol, paricalcitol, etc.)
 - B. Hypercalcemia due to Parathyroid Carcinoma (PC)
 - C. Hypercalcemia due to primary HPT
 1. Documentation that patient is unable to undergo parathyroidectomy.
 2. Documentation that patient has a current serum calcium of greater than 12.5 mg/dL.
- II. Minimum age requirement: 18 years old.
- III. Treatment must be prescribed by or in consultation with a nephrologist, endocrinologist, or oncologist.
- IV. Refer to plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Serum calcium is less than the lower limit of the lower range.

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Up to a maximum of 120 tablets per 30 days.

APPROVAL LENGTH

- **Authorization:** 12 months
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective (supported by reduction in serum calcium from baseline).

APPENDIX

N/A

REFERENCES

1. Sensipar. Prescribing information. Amgen Inc; 2019. Accessed November 6, 2024. https://www.pi.amgen.com/~media/amgen/repositorysites/pi-amgen-com/sensipar/sensipar_pi_hcp_english.pdf.
2. Kidney Disease Improving Global Outcomes (KDIGO). KDIGO clinical practice guideline for the diagnosis, evaluation, prevention, and treatment of chronic kidney disease-mineral and bone disorder (CKD-MBD). Updated July 2017. Accessed November 6, 2024. <https://kdigo.org/wp-content/uploads/2017/02/2017-KDIGO-CKD-MBD-GL-Update.pdf>.

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.