

Etelcalcetide



Included Products: Parsiviv (etelcalcetide)

Nonformulary for outpatient benefit. PA required on medical benefit.

Created: 01/11/2018

Revised: 01/11/2018

Reviewed: 11/10/2022

Updated: 12/01/2022

All Diagnoses

Initial Criteria		If yes	If no
1.	Does the member have a diagnosis of secondary hyperparathyroidism with a serum parathyroid hormone value of > 200pg/mL, chronic kidney disease, and receiving hemodialysis?	Continue to #2.	Do not approve.
2.	Does the member have a diagnosis of parathyroid carcinoma or primary hyperparathyroidism?	Do not approve.	Continue to #3.
3.	Is the member's corrected serum calcium greater than the lower limit of the facility's reference range?	Continue to #4.	Do not approve.
4.	Has the member tried and failed Sensipar?	Continue to #5.	Do not approve.
5.	Approve for 12 months with quantity limit #12/month (3 times weekly dosing)		
Renewal Criteria		If yes	If no
1.	A provider statement that the patient has shown improvement or beneficial response to therapy with supporting laboratory findings. <ul style="list-style-type: none"> a. Reduction in iPTH b. Current corrected serum calcium greater than the lower limit of facility's reference range. 	Continue to #2.	Do not approve.
2.	Approve for 12 months.		