

EFFECTIVE DATE: 07 | 01 | 2018 **POLICY LAST UPDATED:** 05 | 15 | 2018

OVERVIEW

Parsabiv is a calcium-sensing receptor agonist indicated for Secondary hyperparathyroidism (HPT) in adult patients with chronic kidney disease (CKD) on hemodialysis.

This policy is applicable to BlueCHiP for Medicare products only. For Commercial Products, see related policy section.

MEDICAL CRITERIA

Parsabiv (etelcalcetide) will be approved when ALL of the following are met:

- The patient has a diagnosis of secondary hyperparathyroidism with chronic kidney disease AND
- 2. The patient is on hemodialysis

AND

- 3. The patient's corrected serum calcium is at or above the lower limit of the normal range **AND**
- The patient has a pre-treatment or current intact PTH (iPTH) level of greater than or equal to 300 pg/mL

AND

- 5. The patient does not have any one of the following limitations to the use of Parsabiv:
 - a. Parathyroid carcinoma **OR**
 - b. Primary hyperparathyroidism

AND

- 6. ONE of the following:
 - a) The patient's medication history includes previous use of a prerequisite agent (Sensipar (cinacalcet) and had an inadequate response to treatment (inadequate reduction in IPTH) **OR**
 - b) The patient has a documented intolerance, FDA labeled contraindication, or developed hypocalcemia from treatment

Length of Approval: 12 months.

PRIOR AUTHORIZATION

Prior authorization is required for BlueCHiP for Medicare

POLICY STATEMENT

BlueCHiP for Medicare

Etelcalcetide (Parsabiv) is covered when all of the criteria have been met.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the Evidence of Coverage for applicable physician administered drug benefits/coverage.

BACKGROUND

Secondary hyperparathyroidism (HPT) is a frequent complication in patients with chronic kidney disease (CKD). It is characterized by elevated phosphorus and vitamin D deficiency. The implications of untreated

secondary HPT include renal bone disease, weakness, fractures, bone and muscle pain, as well as avascular necrosis.

Management of secondary HPT in patients with dialysis involves dietary phosphate restriction and use of a combination of phosphate binders (e.g. calcium acetate, Renagel, Renvela, Fosrenol), vitamin D analogs (e.g. calcitriol, paricalcitol, doxercalciferol), and/or calcimimetics (e.g. Sensipar, Parsabiv). The goal of therapy is to maintain serum level of phosphorus between 3.5 and 5.5 mg/dL.

CODING

BlueCHiP for Medicare

The following code is covered when the criteria are met: **J0606** Injection, etelcalcetide, 0.1 mg

RELATED POLICIES

Prior Authorization of Drugs

PUBLISHED

Provider Update, June 2018 Provider Update, March 2018

REFERENCES:

1. Parsabiv prescribing information. Amgen. April 2017

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