

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Secondary hyperparathyroidism (HPT) with chronic kidney disease (CKD)
 - a. **MUST** be on dialysis
 - b. iPTH level greater than 300 pg/mL
2. Hypercalcemia with parathyroid carcinoma (PC)
3. Hypercalcemia with primary hyperparathyroidism (HPT)
 - a. Unable to undergo parathyroidectomy
4. Persistent hyperparathyroidism post renal-transplant

AND ALL of the following for **ALL** indications:

- a. Serum calcium level (corrected for albumin) greater than or equal to 8.4mg/dL
- b. Prescriber agrees to monitor calcium levels periodically throughout therapy
- c. **Brand Sensipar only:** Patient **MUST** have tried the preferred product (generic Sensipar: cinacalcet) unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

Prior - Approval Limits

Duration 3 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Secondary hyperparathyroidism (HPT) with chronic kidney disease (CKD)
 - a. **MUST** be on dialysis
2. Hypercalcemia with parathyroid carcinoma (PC)
3. Hypercalcemia with primary hyperparathyroidism (HPT)
4. Persistent hyperparathyroidism post renal-transplant

AND the following for **ALL** indications:

- a. Prescriber agrees to monitor serum calcium levels periodically throughout therapy
- b. **Brand Sensipar only:** Patient **MUST** have tried the preferred product (generic Sensipar: cinacalcet) unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

Prior - Approval *Renewal* Limits

Duration 12 months