



# Pharmacy Drug Policy & Procedure

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| <b>Policy Name:</b> | <b>Sensipar (cinacalcet)</b> | <b>Policy#:</b> | <b>1148P</b> |
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## Purpose of the Policy

The purpose of this policy is to define coverage criteria for Sensipar.

## Statement of the Policy

Health Alliance Medical Plans will approve the use of Sensipar under the specialty pharmacy benefit if the following criteria are met.

## Criteria

- 1. Criteria for Coverage for Primary Hyperparathyroidism**
  - 1.1 Documented diagnosis of Primary Hyperparathyroidism
  - 1.2 Serum calcium level greater than 8.4mg/dL
  - 1.3 Unable to have parathyroid glands surgically removed
- 2. Criteria for Coverage for Hypercalcemia with Parathyroid Carcinoma**
  - 2.1 Diagnosis of hypercalcemia with parathyroid carcinoma
- 3. Criteria for Coverage for Secondary Hyperparathyroidism**
  - 3.1 Documented diagnosis of Secondary Hyperparathyroidism
  - 3.2 Serum calcium level greater than 8.4mg/dL
  - 3.3 Diagnosed chronic kidney disease (CKD)
  - 3.4 Current dialysis treatments
- 4. Approval Period**
  - 4.1 Initial Approval: 12 months
  - 4.2 Reauthorization: 2 years

## CPT Codes

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## HCPCS Codes

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## References

1. Sensipar [package insert]. Thousand Oaks, CA: Amgen, Inc.; Revised December 2019.
2. Wilhelm SM, Wang TS, Ruan DT, et al. The American Association of Endocrine Surgeons Guidelines for Definitive Management of Primary Hyperparathyroidism. JAMA Surg. 2016;151(10):959–968.
3. Kidney Disease: Improving Global Outcomes (KDIGO) CKD-MBD Update Work Group. KDIGO 2017 clinical practice guideline update for the diagnosis, evaluation, prevention, and treatment of chronic kidney disease-mineral and bone disorder (CKD-MBD). Kidney Int Suppl (2011). 2017;7(1):1-59.

4. Silverberg SJ, Rubin MR, Faiman C, et al. Cinacalcet hydrochloride reduces the serum calcium concentration in inoperable parathyroid carcinoma. J Clin Endocrinol Metab 2007; 92:3803.

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#### DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.