

Policy Name:	Doxercalciferol	Policy #:	2578P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of doxercalciferol.

Statement of the Policy

Health Alliance Medical Plans will approve the use of doxercalciferol when the following criteria have been met.

Criteria

1. Coverage Criteria

- 1.1 Documented secondary hyperparathyroidism and stage 3, 4, or 5 chronic kidney disease
- 1.2 Documented vitamin D blood level less than 30ng/mL
- 1.3 Ordered by an Endocrinologist (hormone doctor) or Nephrologist (kidney doctor)
- 1.4 Documented failure, intolerance, or contraindication to cholecalciferol or ergocalciferol
- 1.5 Documented failure, intolerance, or contraindication to calcitriol or paricalcitol

2. Approval Period

- 2.1 Initial: 12 Months
- 2.2 Reauthorization: 12 months with documented clinical benefit

CPT Codes

HCPCS Codes

References

1. Hectorol (doxercalciferol capsule and injection) [prescribing information]. Cambridge, MA: Genzyme Corp; April 2023.
2. KDIGO Clinical Practice Guideline Update for the Diagnosis, Evaluation, Prevention, and Treatment of Chronic Kidney Disease-Mineral and Bone Disorder (CKD-MBD), 2017.

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Effective Date: 04/05/17

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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.