

<b>Policy Name:</b>	<b>Paricalcitol Capsule Step-Edit</b>	<b>Policy #:</b>	<b>2647P</b>
---------------------	---------------------------------------	------------------	--------------

## Purpose of the Policy

The purpose of this policy is to establish the step-edit criteria for paricalcitol oral capsules.

## Statement of the Policy

Health Alliance Medical Plans will approve the use of paricalcitol oral capsules when the following step-edit criteria have been met.

## Criteria

### 1. Step-Edit Criteria

- 1.1 A previous paid claim at the pharmacy for calcitriol or Vitamin D
- 1.2 Provider can submit medical chart documentation of previous trial and subsequent failure on calcitriol or Vitamin D

### 2. Approval Period

- 2.1 12 months

## CPT Codes

## HCPCS Codes

## References

1. Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. *Kidney Int.* 2024 Apr;105(4S):S117-S314.

**Created Date:** 08/15/18

**Effective Date:** 08/15/18

**Posted to Website:** 01/01/22

**Revision Date:** 06/05/24

## 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.