

Reference number(s)
2222-A

# SPECIALTY GUIDELINE MANAGEMENT

## PARSABIV (etelcalcetide)

### POLICY

#### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

##### FDA-Approved Indication

Secondary hyperparathyroidism in adult patients with chronic kidney disease (CKD) on hemodialysis

All other indications are considered experimental/investigational and are not a covered benefit.

#### II. INITIAL CRITERIA FOR APPROVAL

##### **Secondary hyperparathyroidism with CKD on hemodialysis**

Authorization of 12 months may be granted for the treatment of secondary hyperparathyroidism in a member with chronic kidney disease on hemodialysis who has a serum calcium level (corrected for albumin) greater than or equal to 8.4 mg/dL (see Appendix).

#### III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet ALL initial authorization criteria.

#### IV. APPENDIX

Corrected calcium = measured total calcium + 0.8(4.0 – serum albumin)

#### V. REFERENCE

1. Parsabiv [package insert]. Thousand Oaks, CA: Amgen, Inc.; February 2017.
2. Micromedex Solutions [database online]. Truven Health Analytics, Inc. Ann Arbor, MI. Available at: [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed December 4, 2017.
3. AHFS DI (Adult and Pediatric) [database online]. Lexi-Comp, Inc. Hudson, OH. Available at: [http://online.lexi.com/lco/action/index/dataset/complete\\_ashp](http://online.lexi.com/lco/action/index/dataset/complete_ashp) [available with subscription]. Accessed December 4, 2017.
4. Clinical Pharmacology [Internet]. Elsevier. Tampa (FL). Available from: <http://www.clinicalpharmacology.com>. Accessed December 4, 2017.