

POLICY NAME	Rayaldee (calcifediol)	POLICY #	2522P
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Criteria

Coverage Criteria

- ☐ Documented secondary hyperparathyroidism and stage 3 or 4 chronic kidney disease
- ☐ Documented total blood vitamin D level less than 30ng/mL
- ☐ Ordered by an endocrinologist (hormone doctor) or nephrologist (kidney doctor)
- ☐ Documented failure, intolerance, or contraindication to cholecalciferol or ergocalciferol
- ☐ Documented failure, intolerance, or contraindication to calcitriol or paricalcitol

Exclusion Criteria – Any of the following prevents coverage

- ☐ Excluded in patients with Stage 5 Chronic Kidney Disease, or in patients with end-stage renal disease on dialysis