

<b>POLICY NAME</b>	Sensipar (cinacalcet)	<b>POLICY #</b>	1148P
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## Criteria

### 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

### Criteria for Coverage for Hypercalcemia with Parathyroid Carcinoma

- ☐ 2.1 Diagnosis of hypercalcemia with parathyroid carcinoma

### 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