

POLICY NAME

Sensipar (cinacalcet)

POLICY #

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