

POLICY NAME

Rayaldee (calcifediol)

POLICY #

2522P

Criteria

Exclusion Criteria – Any of the following prevents coverage

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

Coverage Criteria

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