

<b>POLICY NAME</b>	Royaldee (calcifediol)	<b>POLICY #</b>	<b>2522P</b>
--------------------	------------------------	-----------------	--------------

## Criteria

### 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

### 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