



**VITAMIN D ANALOGS AND ESRD PRODUCTS PA SUMMARY**

<b>Vitamin D Analogs – Preferred (no PA required)</b>	Calcitriol
<b>Vitamin D Analogs (non-preferred and PA required)</b>	Hectorol, Sensipar, Zemplar
<b>ESRD Products (preferred and PA required)</b>	Aluminum Hydroxide; Calcium Carbonate; Calcium Carbonate with Glycine; Calcium Lactate; Docusate Sodium; Docusate Calcium; Magnebind; Magnesium Carbonate; Niacin; Pyridoxine HCL; Sodium Bicarbonate; Thiamine HCL; Vitamin B Complex with Vitamin C and Folic Acid (various), Vitamin E.
<b>ESRD Products (non-preferred and PA required)</b>	Nephron FA; Renatabs; Renatabs with Iron; Vitamin B Complex with Vitamin C and Folic Acid (Dialyvit Supreme, Glutofac-MX, Ivites, Nephplex Rx).

**NOTE:** Certain phosphate binders also require prior authorization and have separate criteria.

**LENGTH OF AUTHORIZATION:** 1 year

**PA CRITERIA:**

*For Hectorol or Zemplar*

- ❖ Hectorol and Zemplar are approvable for the following member diagnoses:
  - Treatment or prevention of secondary hyperparathyroidism associated with chronic kidney disease (CKD) stages 3, 4, or 5 (Faxed documentation of glomerular filtration rate [GFR] is required.)
  - If member has stage 3 or 4 CKD, he must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to calcitriol.

*For Sensipar*

- ❖ Sensipar is approvable for the following member diagnoses:
  - Treatment of secondary hyperparathyroidism in dialysis patients with chronic kidney disease associated with chronic kidney disease (CKD) stages 3, 4, or 5 (Faxed documentation of glomerular filtration rate [GFR] is required.). If member has stage 3 or 4 CKD, he must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to calcitriol.
  - Treatment of hypercalcemia in patients with parathyroid carcinoma.
  - Treatment of severe hypercalcemia in patients with primary hyperparathyroidism in members unable to undergo a parathyroidectomy

*For ESRD Products (except Ivites and Nephplex Rx)*

- ❖ ESRD products are approvable for end-stage renal disease (ESRD), dialysis, renal failure, or kidney failure.



*For Ivites or Nephplex Rx*

- ❖ Physician should submit a written letter of medical necessity stating the reasons that Diallyvite Zinc is not appropriate for the member.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.