

HealthAlliance**MEDICARE**

PURPOSE OF THE POLICY

To establish guidelines for coverage of Sensipar®.

STATEMENT OF THE POLICY

Sensipar® will be covered as a specialty drug when the following criteria are met, and applies to new starts only for Medicare Part D members.

PROCEDURES

1. All approved FDA indications otherwise not excluded from Part D

2. Inclusion criteria

2.1 Prescribed by a nephrologist, endocrinologist, or oncologist.

3. Exclusion criteria

3.1 Intact PTH <300pg/mL.

3.2 Patient with secondary hyperparathyroidism and has serum calcium <8.4mg/dL.

4. References

4.1 Micromedex Drug Evaluation

4.2 Sensipar [product labeling]. Amgen, Mar 2004

4.3 Drug Monograph Services, Wolters Kluwer Health, Inc., May 2004

4.4 The National Kidney Foundation's Kidney Disease Outcomes Quality Initiative Bone Metabolism and Disease Guidelines