

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. Inclusion criteria

- 1.1 Prescribed by a nephrologist or endocrinologist for patient with chronic kidney disease who has secondary hyperparathyroidism AND on dialysis who has tried and failed or is contraindicated to traditional standard treatment including calcium supplementation, dietary phosphorus restriction, phosphate-binding agents, and vitamin D analogs (e.g. calcitriol), OR
- 1.2 Prescribed by an oncologist for patient with hypocalcaemia associated with parathyroid carcinoma

2. Exclusion criteria

- 2.1 Patient who is 18 yo or younger
- 2.2 Intact PTH <300pg/mL
- 2.3 Patient with secondary hyperparathyroidism and has serum calcium <8.4mg/dL

3. References

- 3.1 Micromedex Drug Evaluation
- 3.2 Sensipar [product labeling]. Amgen, Mar 2004
- 3.3 Drug Monograph Services, Wolters Kluwer Health, Inc., May 2004
- 3.4 The National Kidney Foundation's Kidney Disease Outcomes Quality Initiative Bone Metabolism and Disease Guidelines