



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Cinacalcet

Page: 1 of 3

Effective Date: 3/13/2025

Last Review Date: 1/2025

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Texas

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Cinacalcet under the patient's prescription drug benefit.

Description:

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

1. Secondary hyperparathyroidism (HPT) in adult patients with chronic kidney disease (CKD) on dialysis
2. Hypercalcemia in adult patients with parathyroid carcinoma
3. Hypercalcemia in adult patients with primary HPT for whom parathyroidectomy would be indicated on the basis of serum calcium levels, but who are unable to undergo parathyroidectomy

B. Compendial Use

Tertiary hyperparathyroidism in post-kidney transplant patients not receiving dialysis

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Ccinacalcet

Policy/Guideline:

Criteria for Initial Approval:

A. **Secondary Hyperparathyroidism with CKD on Dialysis**

Authorization of 12 months may be granted for treatment of secondary hyperparathyroidism in a member with chronic kidney disease on dialysis who has a serum calcium level (corrected for albumin) greater than or equal to 8.4 mg/dL (see Appendix).

B. **Primary Hyperparathyroidism**

Authorization of 12 months may be granted for treatment of primary hyperparathyroidism in a member who is not able to undergo parathyroidectomy and



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has a serum calcium level (corrected for albumin) greater than or equal to 8.4 mg/dL (see Appendix).

C. Tertiary Hyperparathyroidism in Post-Kidney Transplant Patients Not Receiving Dialysis

Authorization of 12 months may be granted for treatment of tertiary hyperparathyroidism in a member who has had a kidney transplant, is not receiving dialysis, and has a serum calcium level (corrected for albumin) greater than or equal to 8.4 mg/dL (see Appendix).

D. Parathyroid Carcinoma

Authorization of 12 months may be granted for the treatment of parathyroid carcinoma in a member who has a serum calcium level (corrected for albumin) greater than or equal to 8.4 mg/dL (see Appendix).

Criteria for Continuation of Therapy:

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in criteria for initial approval when the following criteria are met:

A. Secondary Hyperparathyroidism with CKD on Dialysis

Member is experiencing benefit from therapy as evidenced by a decrease in intact parathyroid hormone (iPTH) levels from pretreatment baseline.

B. All other indications

Member is experiencing benefit from therapy (e.g., decreased or normalized corrected serum calcium levels since starting therapy).

Appendix

Corrected calcium = measured total calcium + 0.8(4.0 – serum albumin)

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit:

- Cinacalcet 30 mg & 60 mg tablets: 60 per 30 days
- Cinacalcet 90mg tablets: 120 per 30 days



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