



**GEORGIA MEDICAID FEE-FOR-SERVICE  
VITAMIN D ANALOGS AND ESRD PRODUCTS PA SUMMARY**

<b>Vitamin D Analogs/Calcium Modifiers</b>	<b>ESRD Products</b>
Calcitriol generic capsules, oral solution, injection	Aluminum hydroxide
Doxercalciferol* generic capsules, injection	Calcium carbonate
Hectorol* (doxercalciferol) capsules	Calcium carbonate with glycine
Nephron FA	Calcium lactate
Paricalcitol* generic capsules	Docusate calcium
Sensipar* (cinacalcet) tablets	Docusate sodium
Zemplar* (paricalcitol) capsules	Magnebind
	Magnesium carbonate
	Niacin
	Pyridoxine hydrochloride
	Sodium bicarbonate
	Thiamine hydrochloride
	Vitamin B complex with Vitamin C, Folic Acid and/or Zinc (ex. Dialyvite, Dialyvite Zinc, Dialyvite Supreme*, Folbee Plus, Nephrocaps*, Nephrocaps QT, Nephplex Rx*, Renal, Reno Caps, Triphrocaps, Vol-Care Rx, Virt-Vite Plus)

\*Non-Preferred

**NOTE:**

- ❖ Certain phosphate binders also require PA. See separate Phosphate Binders PA criteria.
- ❖ If generic paricalcitol capsules are approved, the PA will be issued for brand Zemplar.
- ❖ If generic doxercalciferol capsules are approved, the PA will be issued for brand Hectorol.

**LENGTH OF AUTHORIZATION:** 1 year

**PA CRITERIA:**

*Doxercalciferol Injection, Doxercalciferol Capsules, Hectorol Capsules, Paricalcitol Capsules and Zemplar*

- ❖ Approvable for the treatment or prevention of secondary hyperparathyroidism associated with chronic kidney disease (CKD) in members with stage 3, 4 or 5 CKD. Members with stage 3 or 4 CKD must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to the preferred product, calcitriol.

*Sensipar*

- ❖ Approvable for the treatment or prevention of secondary hyperparathyroidism associated with chronic kidney disease (CKD) in members with stage 3, 4 or 5



CKD. Members with stage 3 or 4 CKD must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to the preferred product, calcitriol.

- ❖ Approvable for the treatment of hypercalcemia in members with parathyroid carcinoma.
- ❖ Approvable for the treatment of severe hypercalcemia in members with primary hyperparathyroidism who are unable to undergo a parathyroidectomy.

*ESRD Products Listed in Table Above Except Nephplex Rx*

- ❖ Approvable for members with end-stage renal disease (ESRD), dialysis, renal failure or kidney failure.

*Nephplex Rx*

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product, Dialyvite Zinc (which requires PA), 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 **OptumRx at 1-866-525-5827**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), 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 and select that manual.