



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

Vitamin D Analogs/Calcium Modifiers	Vitamin ESRD Products
Calcitriol capsules, oral solution, injection generic	Aluminum hydroxide generic
Cinacalcet* generic	Calcium carbonate generic
Doxercalciferol* capsules, injection generic	Docusate calcium generic
Paricalcitol 1 and 2 mcg capsules generic	Docusate sodium generic
Paricalcitol 4 mcg* capsules generic	Magnebind (magnesium carbonate/calcium carbonate)
Royaldee* (calcifediol extended-release)	Pyridoxine hydrochloride generic
Rocaltrol (calcitriol oral solution)	Sodium bicarbonate generic
Vitamin D ₂ (ergocalciferol)	Thiamine hydrochloride generic
	Vitamin B complex with Vitamin C, Folic Acid and/or Zinc (ex. Dialyvite, Dialyvite Zinc, Dialyvite Supreme D*, MI-Vite Rx, Nephplex Rx*, Nephron FA, TM-Vite Rx, Triphrocaps, Vital-D Rx, Wescaps)

*Non-Preferred

LENGTH OF AUTHORIZATION: 1 year

NOTES: Non-preferred vitamin D analogs require PA. Preferred and non-preferred ESRD products require PA.

PA CRITERIA:

Cinacalcet Generic

- ❖ Approvable for members with a diagnosis of secondary hyperparathyroidism associated with stage 3, 4 or 5 chronic kidney disease (CKD). Members with stage 3 or 4 CKD must have experienced inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with the preferred product, calcitriol (Rocaltrol).
- ❖ Approvable for members with a diagnosis of hypercalcemia associated with parathyroid carcinoma.
- ❖ Approvable for members with a diagnosis of severe hypercalcemia associated with primary hyperparathyroidism who are unable to undergo a parathyroidectomy.

Doxercalciferol Capsules Generic and Doxercalciferol Injection Generic

- ❖ Approvable for members with a diagnosis of secondary hyperparathyroidism associated with stage 3, 4 or 5 chronic kidney disease (CKD). Members with stage 3 or 4 CKD must have experienced inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with the preferred product, calcitriol (Rocaltrol).

Paricalcitol 4 mcg Capsules Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic paricalcitol 2 mcg capsules, is not appropriate for the member.



Rayaldee

- ❖ Approvable for members with a diagnosis of secondary hyperparathyroidism associated with chronic kidney disease (CKD) who have stage 3 or 4 CKD, a serum total 25-hydroxyvitamin D level less than 30 ng/mL within the past 3 months and a serum calcium level less than 9.8 mg/dL within the past 3 months

AND

- ❖ Member must have experienced inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with the preferred product, calcitriol (Rocaltrol).

ESRD Products Listed in Table Above Except Nephplex Rx (See Below)

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

Nephplex Rx

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Dialyvitc 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 **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to 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, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.