



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

<b>Vitamin D Analogs/Calcium Modifiers</b>	<b>Vitamin ESRD Products</b>
Calcitriol capsules, oral solution, injection generic	Aluminum hydroxide generic
Doxercalciferol* capsules, injection generic	Calcium carbonate generic
Paricalcitol 1 and 2 mcg capsules generic	Calcium carbonate with glycine generic
Paricalcitol 4 mcg* capsules generic	Calcium lactate generic
Rayaldee* (calcifediol)	Docusate calcium generic
Rocaltrol (calcitriol)	Docusate sodium generic
Sensipar* (cinacalcet)	Magnebind (magnesium/calcium/folic acid)
Vitamin D <sub>2</sub> (ergocalciferol)	Magnesium carbonate generic
Vitamin D <sub>2</sub> (ergocalciferol)	Niacin generic
	Pyridoxine hydrochloride generic
	Sodium bicarbonate generic
	Thiamine hydrochloride generic
	Vitamin B complex with Vitamin C, Folic Acid and/or Zinc (ex. Dialyvite, Dialyvite Zinc, Dialyvite Supreme D*, Nephplex Rx*, Nephron FA, Renal, Reno Caps, Triphrocaps, Virt-Caps, Virt-Vite Plus, Vital-D Rx, VP-Vite Rx)

\*Non-Preferred

**NOTES:**

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

**LENGTH OF AUTHORIZATION:** 1 year

**PA CRITERIA:**

*Doxercalciferol Injection Generic and Doxercalciferol Capsules Generic*

- ❖ 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 (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 the treatment of secondary hyperparathyroidism associated with chronic kidney disease (CKD) in members with stage 3 or 4 (GFR 15-59 ml/min) 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 ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to the preferred product, calcitriol (Rocaltrol).

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 (Rocaltrol).
- ❖ 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

- ❖ For members with end-stage renal disease (ESRD), dialysis, renal failure or kidney failure 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](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 Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.