VITAMIN D ANALOGS AND ESRD PRODUCTS PA SUMMARY

<table>
<thead>
<tr>
<th>Vitamin D Analogs – Preferred (no PA required)</th>
<th>Calcitriol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin D Analogs (non-preferred and PA required)</td>
<td>Doxercalciferol, Hectorol, Paricalcitol, Sensipar, Zemplar</td>
</tr>
<tr>
<td>ESRD Products (preferred and PA required)</td>
<td>Aluminum Hydroxide; Calcium Carbonate; Calcium Carbonate with Glycine; Calcium Lactate; Docusate Sodium; Docusate Calcium; Magnebind; Magnesium Carbonate; Niacin; Pyridoxine HCL; Sodium Bicarbonate; Thiamine HCL; Vitamin B Complex with Vitamin C and Folic Acid (various), Vitamin E.</td>
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<tr>
<td>ESRD Products (non-preferred and PA required)</td>
<td>Nephron FA; Renatabs; Renatabs with Iron; Vitamin B Complex with Vitamin C and Folic Acid (Dialyvite Supreme, Glutofac-MX, Ivites, Nephplplex Rx).</td>
</tr>
</tbody>
</table>

NOTE: Certain phosphate binders also require prior authorization and have separate criteria. If paricalcitol capsules are approved, the PA will be issued for the brand-name product, Zemplar capsules. If doxercalciferol capsules are approved, the PA will be issued for brand-name Hectorol capsules.

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

For Doxercalciferol Injection, Hectorol capsules (brand or generic doxercalciferol) or Zemplar (brand or generic paricalcitol)

- Approvable for the following member diagnoses:
  - Treatment or prevention of secondary hyperparathyroidism associated with chronic kidney disease (CKD) stages 3, 4, or 5
  - If member has stage 3 or 4 CKD, he must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to calcitriol.

For Sensipar

- Approvable for the following member diagnoses:
  - Treatment of secondary hyperparathyroidism in patients with chronic kidney disease associated with chronic kidney disease (CKD) stages 3, 4, or 5. If member has stage 3 or 4 CKD, he must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to calcitriol.
  - Treatment of hypercalcemia in patients with parathyroid carcinoma.
  - Treatment of severe hypercalcemia in patients with primary hyperparathyroidism in members unable to undergo a parathyroidectomy

For ESRD Products (except Ivites and Nephplex Rx)

- ESRD products are approvable for end-stage renal disease (ESRD), dialysis, renal failure, or kidney failure.
For Ivites or Nephplex Rx
  ❖ Physician should submit a written letter of medical necessity stating the reasons that Dialyvite 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 Catamaran at 1-866-525-5827.

PA and APPEAL PROCESS:
  ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:
  ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.