

VITAMIN D ANALOGS AND ESRD PRODUCTS PA SUMMARY

Vitamin D Analogs – Preferred (no PA required)	Calcitriol
Vitamin D Analogs (preferred and PA required)	Zemplar
Vitamin D Analogs (non- preferred and PA required)	Hectorol; Sensipar
ESRD Products (preferred and PA required)	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).
ESRD Products (non-preferred and PA required)	Nephron FA; Renatabs; Renatabs with Iron; Vitamin B Complex with Vitamin C and Folic Acid (Dialyvite Supreme, Glutofac-MX, Ivites, Nephplex Rx).

NOTE: Phosphate binders (Eliphos, Fosrenol, Phos-Lo, Renagel, and Renvela) also require prior authorization and have separate criteria.

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

For Hectorol or Zemplar

- ❖ Hectorol and Zemplar are approvable for the following member diagnoses:
 - Treatment or prevention of secondary hyperparathyroidism associated with chronic kidney disease (CKD) stages 3, 4, or 5 (Faxed documentation of glomerular filtration rate [GFR] is required.)
 - For Hectorol, CKD stages 3 and 4 require documentation of allergies, contraindications, drug-drug interactions, history of intolerable side effects, or ineffectiveness to calcitriol or Zemplar.

For Sensipar

- ❖ Sensipar is approvable for the following member diagnoses:
 - Treatment of secondary hyperparathyroidism in dialysis patients with chronic kidney disease associated with chronic kidney disease (CKD) stages 3, 4, or 5 (Faxed documentation of glomerular filtration rate [GFR] is required.). CKD stages 3 and 4 require documentation of allergies, contraindications, drug-drug interactions, history of intolerable side effects, or ineffectiveness to calcitriol or Zemplar
 - Treatment of hypercalcemia in patients with parathyroid carcinoma. Faxed documentation of allergies, contraindications, drug-drug interactions, history of intolerable side effects, or ineffectiveness to etidronate is required.

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

Submit a written letter of medical necessity stating the reason(s) the preferred product (which requires PA), Diallyvite, 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 **SXC Health Solutions 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 Limits 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.