

Effective Date: 6/1/2020
Last Reviewed: 3/2020, 1/2021, 1/2022, 1/2023, 12/2023, 02/2024, 02/2025, 02/2026
Pharmacy Scope: Medicaid
Medical Scope: Medicaid, Commercial, Medicare

## Cinacalcet

### POLICY

#### 1. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

##### FDA-Approved Indication

Cinacalcet is indicated for secondary hyperparathyroidism (HPT) in adult patients with chronic kidney disease (CKD) on dialysis, hypercalcemia in adult patients with parathyroid carcinoma, and hypercalcemia in adult patients with primary HPT for whom parathyroidectomy would be indicated on the basis of serum calcium levels, but who are unable to undergo parathyroidectomy.

##### Compendial Use:

Hypercalcemia in post-kidney transplant patients with persistent hyperparathyroidism

##### Limitations of use

Cinacalcet is not indicated for use in patients with CKD who are not on dialysis.

All other indications are considered experimental/investigational and are not a covered benefit.

#### 2. CRITERIA FOR INITIAL APPROVAL

##### **A. Secondary hyperparathyroidism with CKD on dialysis**

Authorization of 12 months may be granted for members with secondary HPT with CKD on dialysis and a serum calcium level (corrected for albumin) greater than or equal to 8.4 mg/dL.

##### **B. Persistent hyperparathyroidism in post-kidney transplant members**

Authorization of 12 months may be granted for members with persistent hyperparathyroidism who have had a kidney transplant and a serum calcium level (corrected for albumin) greater than or equal to 8.4 mg/dL.

##### **C. Parathyroid carcinoma**

Authorization of 12 months may be granted for members with parathyroid carcinoma and a serum calcium level (corrected for albumin) greater than or equal to 8.4 mg/dL.

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**D. Primary hyperparathyroidism**

Authorization of 12 months may be granted for treatment of primary HPT when all of the following criteria are met:

1. The member has a serum calcium level (corrected for albumin) greater than or equal to 8.4 mg/dL;
2. The member is unable to undergo parathyroidectomy.

**3. CONTINUATION OF THERAPY**

Authorization of 12 months may be granted for continuation of cinacalcet when either one of the two following criteria is met:

1. The member has a serum calcium level (corrected for albumin) greater than or equal to 7.5 mg/dL
2. The member has a serum calcium level (corrected for albumin) less than 7.5 mg/dL, and cinacalcet will be withheld until this level reaches 8 mg/dL

**4. QUANTITY LIMIT**

Cinacalcet 30mg & 60mg have a quantity limit of 2 tablets per day  
 Cinacalcet 90mg has a quantity limit of 4 tablets per day

**5. HCPCS codes**

HCPCS Code	Description
J0604	Cinacalcet, oral, 1mg (for esrd on dialysis)

**REFERENCES**

1. Sensipar [package insert]. Thousand Oaks, CA: Amgen, Inc.; December 2021.
2. Cinacalcet [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; August 2021.
3. Sterrett JR, Strom J, Stummvoll HK, Bahner U, Disney A, Soroka SD, et al. Cinacalcet HCl (Sensipar/Mimpara) is an effective chronic therapy for hemodialysis patients with secondary hyperparathyroidism. *Clin Nephrol.* 2007 Jul; 68: 10-7.
4. Kruse AE, Ensenberger U, Frey FJ, et al. The calcimimetic cinacalcet normalized serum calcium in renal transplant patients with persistent hyperparathyroidism. *Nephrol Dial Transplant.* 2005; 20: 1311-1314.