Medical Policy:
Parsabiv® (etelcalcetide)

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.155	March 3, 2025	

Definitions

Parsabiv mimics calcium binding to the calcium-sensing receptor (CaSR) on chief cells of the parathyroid gland, which activates the receptor and decreases secretion of parathyroid hormone

Length of Authorization

Coverage will be provided for 12 months and may be renewed.

Dosing Limits [Medical Benefit]

Max Units (per dose and over time):

- 45 mg per 7 days

Guideline

I. Initial Approval Criteria

Parsabiv *may be considered medically necessary if the below condition is met* ***AND*** *use is consistent with the medical necessity criteria that follows:*

1. **<u>Secondary hyperparathyroidism in adult patients with chronic kidney disease on hemodialysis</u>**
    A. Diagnosis of secondary hyperparathyroidism with chronic kidney disease; **AND**
    B. Patient is on dialysis; **AND**
    C. **All** of the following;
        i. Patient is 18 years of age or older; **AND**
        ii. History of failure, contraindication, or intolerance to one phosphate binder (e.g., PhosLo, Fosrenol, Renvela, Renagel, etc.); **AND**
        iii. History of failure, contraindication, or intolerance to one vitamin D analog (e.g., calcitriol, Hectorol, Zemplar, etc.); **AND**
        iv. History of failure of maximum tolerated dosage, adverse reaction, or contradiction to Sensipar (cinacalcet hydrochloride);**AND**
    D. Patient is not receiving Parsabiv (etelcalcetide) in combination with Sensipar (cinacalcet hydrochloride); **AND**
    E. Prescribed by or in consultation with an endocrinologist or nephrologist

Limitations/Exclusions

1. Indications not supported by CMS recognized compendia or acceptable peer reviewed literature may be deemed as not approvable and therefore not reimbursable.

II. Renewal Criteria

1. Patient continues to meet INITIAL APPROVAL CRITERIA

Dosage/Administration

Indication	Dose
Secondary hyperparathyroidism in adult patients with chronic kidney disease on hemodialysis	Initial, 5 mg IV bolus 3 times per week administered at the end of hemodialysis; adjust in 2.5 or 5 mg increments every 4 weeks to maintain target parathyroid hormone levels and normal serum calcium levels; MAX 15 mg 3 times per week

Applicable Procedure Codes

Code	Description
J0606	Injection, etelcalcetide, 0.1 mg, 1 billable unit = 0.1 mg

Applicable NDCs

Code	Description
55513-0740-xx	Parsabiv 2.5mg/0.5mL Solution
55513-0741-xx	Parsabiv 5mg/mL Solution
55513-0742-xx	Parsabiv 10mg/2mL Solution

ICD-10 Diagnoses

Code	Description
E21.0	Primary hyperparathyroidism

E21.1	Secondary hyperparathyroidism, not elsewhere classified
E21.2	Other hyperparathyroidism
E21.3	Hyperparathyroidism, unspecified
N25.81	Secondary hyperparathyroidism of renal origin

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	03/03/2025	Annual Review: removed E83.51, N18.6, added E21, E21.1, E21.2, E21.3 and N25.81
EmblemHealth & ConnectiCare	1/23/2024	Annual Review: No criteria changes
EmblemHealth & ConnectiCare	5/23/2023	Annual Revision: no criteria changes
EmblemHealth & ConnectiCare	09/20/2022	Transferred policy to new template
EmblemHealth & ConnectiCare	03/30/2020	Annual Review: added 18 years of age and older to Initial Approval Criteria.

References

1. Parsabiv [prescribing information]. Thousand Oaks, CA; Amgen/KAI Pharmaceuticals; February 2017.