



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Cinacalcet

Page: 1 of 3

Effective Date: 5/23/2025

Last Review Date: 3/2025

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Texas

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Cinacalcet under the patient's prescription drug benefit.

Description:

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 Indications^{1-4,9}

- Secondary hyperparathyroidism (HPT) in adult patients with chronic kidney disease (CKD) on dialysis
- Hypercalcemia in adult patients with parathyroid carcinoma
- 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 Uses^{2,5-6,10}

Hypercalcemia in post-kidney transplant patients with persistent hyperparathyroidism

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Cinacalcet

Policy/Guideline:

Coverage Criteria

Secondary Hyperparathyroidism with CKD on Dialysis¹

Authorization of 12 months may be granted for treatment of secondary hyperparathyroidism in a member with chronic kidney disease on dialysis who has a serum calcium level (corrected for albumin) greater than or equal to 8.4 mg/dL (see Appendix).



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Primary Hyperparathyroidism¹

Authorization of 12 months may be granted for treatment of primary hyperparathyroidism in a member who is not able to undergo parathyroidectomy and has a serum calcium level (corrected for albumin) greater than or equal to 8.4 mg/dL (see Appendix).

Persistent Hyperparathyroidism in Post-Kidney Transplant Patients^{2,5-7,10}

Authorization of 12 months may be granted for treatment of persistent hyperparathyroidism in a member who has had a kidney transplant and has a serum calcium level (corrected for albumin) greater than or equal to 8.4 mg/dL (see Appendix).

Parathyroid Carcinoma¹

Authorization of 12 months may be granted for the treatment of parathyroid carcinoma in a member who has a serum calcium level (corrected for albumin) greater than or equal to 8.4 mg/dL (see Appendix).

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when the following criteria are met:

Secondary Hyperparathyroidism with CKD on Dialysis¹

Member is experiencing benefit from therapy as evidenced by a decrease in intact parathyroid hormone (iPTH) levels from pretreatment baseline.

All Other Indications^{1,5}

Member is experiencing benefit from therapy (e.g., decreased or normalized corrected serum calcium levels since starting therapy).

Appendix⁹

Corrected calcium = measured total calcium + 0.8(4.0 – serum albumin)

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit:

- Cinacalcet 30 mg & 60 mg tablets: 60 per 30 days



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- Cinacalcet 90mg tablets: 120 per 30 days

References:

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