

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

## Parsabiv (etelcalcetide)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Parsabiv (etelcalcetide)

### APPROVAL CRITERIA

Requests for Parsabiv (etelcalcetide) may be approved when the following criteria are met:

- I. Individual is 18 years of age or older; **AND**
- II. Individual is using for the management of secondary hyperparathyroidism (HPT) associated with chronic kidney disease on hemodialysis; **AND**
- III. Individual has a corrected serum calcium level at or above the lower limit of normal prior to initiation.

Parsabiv (etelcalcetide) may not be used for the following:

- I. Individual has a diagnosis of parathyroid carcinoma; **OR**
- II. Individual has a diagnosis of primary hyperparathyroidism; **OR**
- III. Individual has a diagnosis secondary hyperparathyroidism with chronic kidney disease who are not on hemodialysis.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

### Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

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Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed on: September 7, 2018.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.