Zemplar (paricalcitol)

Override(s)  Approval Duration
Prior Authorization  1 year

Medications
Zemplar (paricalcitol) oral capsules
Zemplar (paricalcitol) intravenous solution

APPROVAL CRITERIA

Requests for oral Zemplar (paricalcitol) may be approved when the following criteria are met:

I. Individual is 10 years of age or older; **AND**
II. Individual is using for prevention or treatment of secondary hyperparathyroidism associated with one of the following diagnoses:
   A. Stage 3 or 4 chronic kidney disease not yet requiring dialysis (pre-dialysis); **OR**
   B. Stage 5 chronic kidney disease requiring dialysis; **AND**
   C. Individual has a baseline corrected serum calcium level of less than or equal to 9.5 mg/dL; **AND**
   D. Individual has a serum intact parathyroid hormone (iPTH) level greater than 150 pg/mL.

Requests for Zemplar (paricalcitol) injection may be approved when the following criteria are met:

I. Individual is 5 years of age or older; **AND**
II. Individual is using to prevent or treat secondary hyperparathyroidism; **AND**
III. Individual has a diagnosis of Stage 5 chronic kidney disease requiring dialysis; **AND**
IV. Individual has a serum iPTH level greater than 150 pg/mL.

Zemplar (paricalcitol) agents may not be approved for the following:

I. Individual has hypercalcemia, defined as a serum corrected total calcium level of greater than 10.2 mg/dL or as determined by the reference laboratory assay (NKF 2003, 2010); **OR**
II. Using in conjunction with prescription-based doses of vitamin D or its derivatives or current evidence of vitamin D toxicity.

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