

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

*FHK- Florida Healthy Kids

Calcitriol Agents

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Rocaltrol (calcitriol) oral capsules 0.25mcg, 0.5mcg
Rocaltrol (calcitriol) oral solution 1mcg/mL
Calcitriol intravenous solution 1mcg/mL

APPROVAL CRITERIA

Requests for calcitriol (Rocaltrol) oral agents may be approved when the following criteria are met:

- I. Individual has been on requested calcitriol (Rocaltrol) oral agent in the past 180 days (medication samples/ coupons/ discount cards are excluded from consideration as a trial); **OR**
- II. Individual is using for the management of secondary hyperparathyroidism (HPT) associated with moderate to severe chronic renal failure (CrCl 15-55 mL/min) not yet requiring dialysis (pre-dialysis); **OR**
- III. Individual is 18 years of age or older; **AND**
- IV. Individual is using for the management of hypocalcemia associated with chronic dialysis; **OR**
- V. Individual is 1 year of age or older; **AND**
- VI. Individual is using for the management of hypocalcemia in one of the following:
 - A. Postsurgical hypoparathyroidism; **OR**
 - B. Idiopathic hypoparathyroidism; **OR**
- VII. Individual is 6 years of age or older; **AND**
- VIII. Individual is using for the management of hypocalcemia associated with pseudohypoparathyroidism.

Requests for calcitriol injectable agents may be approved when the following criteria are met:

- I. Individual has been on calcitriol injectable agent in the past 180 days (medication samples/ coupons/ discount cards are excluded from consideration as a trial); **OR**
- II. Individual is 13 years of age or older; **AND**
- III. Individual is using for the management of hypocalcemia associated with chronic dialysis.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Calcitriol oral and injectable 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.

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.: 2016. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

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

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

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; Updated periodically.

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