SENSIPAR® (cinacalcet hydrochloride)  
Pharmacy Coverage Policy

Brand Name | Generic Name | GPI           | Drug Class   
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SENSIPAR®   | cinacalcet hydrochloride | 309052251003** | Calcimimetic |

CRITERIA FOR COVERAGE/NONCOVERAGE

SENSIPAR® (cinacalcet hydrochloride) will be considered for coverage under the pharmacy benefit program when the following criteria are met:

- The patient is 18 years of age or older
- The patient does not have hypocalcemia (serum calcium less than the lower limit of the normal range)
- The patient has a diagnosis of secondary hyperparathyroidism with chronic kidney disease on dialysis AND has tried and failed one phosphate binder (e.g., PhosLo, Fosrenol, Renvela, Renagel, etc.) and one vitamin D analog (e.g., calcitriol, Hectorol, Zemplar, etc.), unless contraindicated
- The patient has a diagnosis of hypercalcemia with parathyroid carcinoma
- The patient has a diagnosis of severe hypercalcemia (level greater than 12.5 mg/dL) with primary hyperparathyroidism AND is unable to undergo parathyroidectomy

Reauthorization Criteria and Duration:
Authorization for continued use shall be reviewed at least every 12 months to confirm:

- The patient has experienced a reduction in serum calcium from baseline AND
- The patient does not have hypocalcemia (serum calcium less than the lower limit of the normal range)

SENSIPAR (cinacalcet hydrochloride) is considered experimental/investigational for conditions not listed in this coverage policy section.