



**Prior Authorization Approval Criteria**  
*Department of Pharmacy Services*

**Generic Name:** cinacalcet

**Brand Name:** Sensipar

**Medication Class:** calcimimetic

**FDA Approved Uses:**

- Treatment of secondary hyperparathyroidism in patients with chronic kidney disease (CKD) on dialysis.
- Treatment of hypercalcemia in patients with parathyroid carcinoma.

**Usual Dose:**

- *Chronic kidney disease on dialysis and secondary hyperparathyroidism:*  
Starting dose: 30 mg once daily titrated no more frequently than every 2-4 weeks through sequential doses of 60, 90, 120, and up to a maximum of 180mg once daily based on target serum iPTH levels between 150 to 300 pg/ml consistent with NKF-K/DOQI guidelines.
- *Parathyroid Carcinoma:*  
Starting dose: 30 mg twice daily titrated every 2-4 weeks through sequential of 60 mg twice daily, 90 mg twice daily, and 90 mg three or four times daily based on serum calcium levels.

**Duration of Therapy:** Indefinite

**Criteria for Use:** (bullet points below are all inclusive unless otherwise noted)

Initial approval will be for 3 months, if the patient meets the guidelines for continuation of therapy than approval can be extended for 6 months and then 12 months thereafter

- Patient must have **one** of the following documented clinical conditions:
  - Secondary hyperparathyroidism due to chronic kidney disease on dialysis
  - Or
  - Hypercalcemia due to parathyroid carcinoma
  - Or
  - Severe hypercalcemia in patients with primary hyperparathyroidism who are unable to undergo parathyroidectomy.

**Criteria for Continuation of Therapy:**

- iPTH levels must be greater than 150 pg/ml and calcium must be greater than 8.4 (see dosing guidelines below).

**Contraindications:**

- Hypersensitivity to any components of Sensipar

**Not approved if:**

- Patient does not meet the above stated criteria
- Has any contraindications to the use of Sensipar

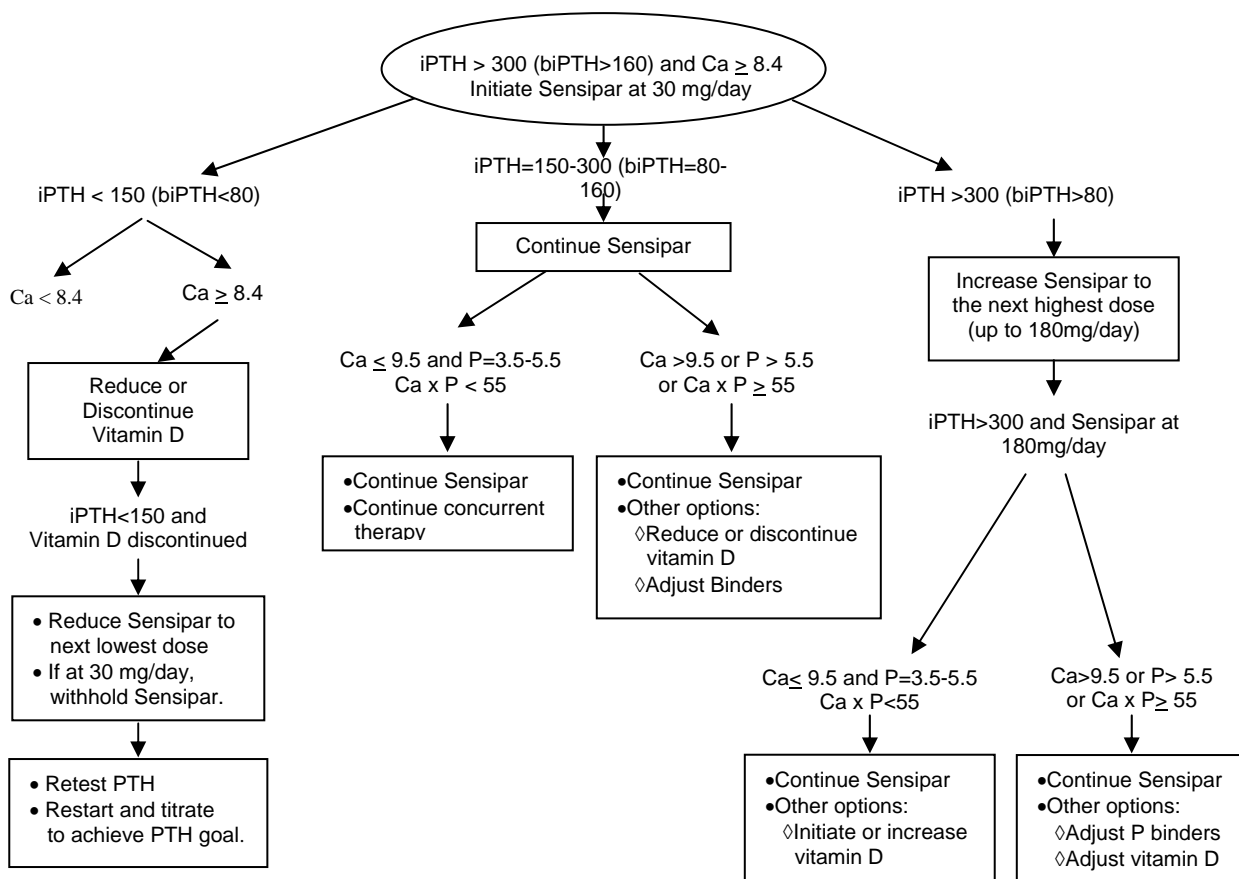
### Special considerations

- Sensipar tablets should be taken whole and should not be divided.
- Sensipar lowers serum calcium therefore serum calcium levels need to be closely monitored throughout therapy and patients monitored for symptoms of hypocalcemia.

### Recommended Monitoring

- *Chronic kidney disease on dialysis and secondary hyperparathyroidism:*  
Serum calcium and serum phosphorus should be measured within 1 week an iPTH should be measured 1 to 4 weeks after initiation or dose adjustment. Once the maintenance dose has been established, serum calcium and serum phosphorus should be measured about once a month and iPTH should be assessed every 1 to 3 months.
- *Parathyroid Carcinoma:*  
Serum calcium should be measured within 1 week after initiation and each dosage adjustment. Once maintenance dose has been established, serum calcium should be measured every 2 months.

### Dosing guidelines based on iPTH levels and Calcium levels according to NKF-K/DOQI Targets:



P&T Approval: \_\_\_\_\_ Date: \_\_\_\_\_