

Federal Employee Program.

Blue Cross Blue Shield Association 750 9th St NW, Suite 900

Washington, D.C. 20001

1-800-624-5060 Fax 1-877-378-4727

5.30.047

Section: Prescription Drugs Effective Date: October 1, 2024

Subsection: Endocrine and Metabolic Drugs Original Policy Date: March 3, 2017

Subject: Parsabiv Page: 1 of 4

Last Review Date: September 6, 2024

Parsabiv

Description

Parsabiv (etelcalcetide)

Background

Parsabiv (etelcalcetide) is a calcimimetic agent that increases the sensitivity of the calcium-sensing receptor to activation by extracellular calcium. These calcium-sensing receptors are on the parathyroid hormone gland and are the principal regulators of PTH (parathyroid hormone) synthesis and secretion. By increasing the sensitivity of the calcium sensing receptors, a reduction in PTH secretion is achieved. Reductions in PTH are associated with a decrease in bone turnover and bone fibrosis in patients with CKD (chronic kidney disease) on hemodialysis and uncontrolled secondary hyperparathyroidism (HPT) (1).

Regulatory Status

FDA-approved indication: Parsabiv is a calcium-sensing receptor agonist indicated for treatment of secondary hyperparathyroidism (HPT) in adult patients with chronic kidney disease (CKD) on hemodialysis (1).

Limitations of Use:

Parsabiv has not been studied in adult patients with parathyroid carcinoma, primary hyperparathyroidism, or with CKD who are not on hemodialysis and is not recommended for use in these populations (1).

Initial treatment with Parsabiv is contraindicated if serum calcium is less than the lower limit of the normal range. Life threatening events and fatal outcomes were reported due to hypocalcemia. Hypocalcemia can prolong QT interval, lower the threshold for seizures, and

5.30.047

Section:Prescription DrugsEffective Date:October 1, 2024Subsection:Endocrine and Metabolic DrugsOriginal Policy Date:March 3, 2017

Subject: Parsabiv Page: 2 of 4

cause hypotension, worsening heart failure, and/or arrhythmia. Monitor serum calcium carefully for the occurrence of hypocalcemia during treatment. Once the maintenance dose has been established, serum calcium should be measured monthly for patients with secondary hyperparathyroidism with CKD on hemodialysis (1).

In patients with secondary hyperparathyroidism with chronic kidney disease who are on hemodialysis, serum calcium should be measured within 1 week of starting Parsabiv, and intact parathyroid hormone (iPTH) should be measured 4 weeks after initiation or dose adjustment of Parsabiv (1). Consider decreasing or temporarily discontinuing PARSABIV or use concomitant therapies to increase corrected serum calcium in patients with a corrected serum calcium below the lower limit of normal but at or above 7.5 mg/dL without symptoms of hypocalcemia. The goals of therapy are symptom control and a serum albumin-corrected total calcium level at the lower end of the normal range approximately 8.5 to 10.5 mg per deciliter (2).

Safety and effectiveness in pediatric patients have not been established (1).

Related policies

Natpara, Sensipar

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Parsabiv may be considered **medically necessary** if the conditions indicated below are met.

Parsabiv may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

- 1. Secondary hyperparathyroidism (HPT) with chronic kidney disease (CKD)
 - a. MUST be on hemodialysis

Section: Prescription Drugs Effective Date: October 1, 2024

Subsection: Endocrine and Metabolic Drugs Original Policy Date: March 3, 2017

Subject: Parsabiv Page: 3 of 4

b. iPTH level greater than 300 pg/mL

AND ALL of the following:

- Serum calcium level (corrected for albumin) greater than or equal to 7.5mg/dL
- 2. Prescriber agrees to monitor serum calcium levels periodically throughout therapy
- 3. NO dual therapy with a calcium-sensing receptor agonist

Prior - Approval Renewal Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

- 1. Secondary hyperparathyroidism (HPT) with chronic kidney disease (CKD)
 - a. MUST be on hemodialysis

AND ALL of the following:

- Serum calcium level (corrected for albumin) greater than or equal to 7.5mg/dL
- 2. Prescriber agrees to monitor serum calcium levels periodically throughout therapy
- 3. NO dual therapy with a calcium-sensing receptor agonist

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 3 months

Prior - Approval Renewal Limits

Duration 12 months

Section:Prescription DrugsEffective Date:October 1, 2024Subsection:Endocrine and Metabolic DrugsOriginal Policy Date:March 3, 2017

Subject: Parsabiv Page: 4 of 4

Rationale

Summary

Parsabiv (cinacalcet) is a calcimimetic agent that increases the sensitivity of the calcium-sensing receptor to activation by extracellular calcium. Parsabiv is indicated for treatment of secondary hyperparathyroidism (HPT) in adult patients with chronic kidney disease (CKD) on hemodialysis. Parsabiv has not been studied in adult patients with parathyroid carcinoma, primary hyperparathyroidism, or with CKD who are not on hemodialysis and is not recommended for use in these populations (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Parsabiv while maintaining optimal therapeutic outcomes.

References

- 1. Parsabiv [package insert]. Thousand Oaks, CA: Amgen, Inc.; February 2021.
- 2. Shoback D. Hypoparathyroidism. NEJM. 2008;359: 391-403

Policy History	
Date	Action
March 2017 June 2017 November 2018 December 2019 December 2020 September 2021 September 2022 September 2023 September 2024	Addition to PA Annual review Annual review. Changes to background paragraph per SME Annual review and reference update Annual review Annual review and reference update Annual review Annual review Annual review Annual review Annual review
Keywords	

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 6, 2024 and is effective on October 1, 2024.