Original Effective Date: 09/18/2019
Current Effective Date: 09/29/2024
Last P&T Approval/Version: 07/31/2024
Next Review Due By: 07/2025
Policy Number: C17883-A

Parsabiv (etelcalcetide)

PRODUCTS AFFECTED

Parsabiv (etelcalcetide)

COVERAGE POLICY

Coverage for services, procedures, medical devices, and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational, or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Secondary hyperparathyroidism (HPT) with chronic kidney disease (CKD) on hemodialysis

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

A. SECONDARY HYPERPARATHYROIDISM WITH CHRONIC KIDNEY DISEASE (CKD):
1. Documented diagnosis of secondary hyperparathyroidism associated with CKD
AND

2. Documentation that member is currently receiving regular hemodialysis treatments
   AND
3. Documented lab results showing an increase in intact parathyroid hormone (iPTH) levels over previous 3-6 months or current labs showing iPTH greater than 300 pg/ml [DOCUMENTATION REQUIRED]
   AND
4. Documentation that member's corrected serum calcium level is greater than or equal to 8.4 mg/dL** (without symptoms of hypocalcemia)
   *NOTE: Ensure corrected serum calcium is at or above 8.4 mg/dL** prior to initiation, dose increase, or re-initiation (per labeling)*
   AND
5. Documentation of failure, contraindication, or serious side effects to one phosphate binder (e.g., PhosLo, Fosrenol, Renvela, Renagel, etc.)
   AND
6. Documented trial and failure, contraindication, or serious side effects to one vitamin D analog up to maximally indicated doses (e.g., calcitriol, Hectorol, Zemplar, etc.)
   NOTE: Calcitriol or synthetic vitamin D analogs should be avoided, administered at a low dose, or discontinued if the serum phosphate exceeds 5.5 mg/dL or if the serum calcium exceeds 10.2 mg/dL. However, they may be continued if there is a clearly reversible cause identified for hypercalcemia (e.g., non- adherence to cinacalcet) or hyperphosphatemia (e.g., non- adherence to phosphate binders).
   AND
7. Documented trial and failure of maximum tolerated dosage, serious side effects, or contradiction to cinacalcet hydrochloride
   AND
8. Prescriber attests that Parsabiv (etelcalcetide) will not be used in combination with cinacalcet hydrochloride

CONTINUATION OF THERAPY:

A. SECONDARY HYPERPARATHYROIDISM WITH CHRONIC KIDNEY DISEASE (CKD):

1. Prescriber attestation to adherence to therapy at least 85% of the time as verified by the prescriber or member's medication fill history, OR adherence less than 85% of the time due to the need for surgery or treatment of an infection, causing temporary discontinuation
   AND
2. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity
   AND
3. Documentation of symptomatic improvement or disease stabilization compared to baseline status, evidenced by a decrease in iPTH from baseline
   AND
4. Prescriber attests or clinical reviewer has found prescriber is monitoring corrected serum calcium levels
   NOTE: Per package insert, in individuals with a corrected serum calcium below the lower limit of normal but at or above 7.5 mg/dL without symptoms of hypocalcemia, consider decreasing or temporarily discontinuing PARSABIV or use concomitant therapies to increase corrected serum calcium. PARSABIV should be stopped, and hypocalcemia treated if the corrected serum calcium falls below 7.5 mg/dL or patients report symptoms of hypocalcemia.
   AND
5. Prescriber attests or clinical review has found member is not receiving Parsabiv (etelcalcetide) in combination with cinacalcet hydrochloride

DURATION OF APPROVAL:

Initial authorization: 6 months, Continuation of Therapy: 12 months

PRESCRIBER REQUIREMENTS:
Prescribed by or in consultation with a nephrologist or endocrinologist. [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests]

AGE RESTRICTIONS:
18 years of age and older

QUANTITY:
Starting dose: 5 mg three times per week at the end of hemodialysis treatment
Maintenance dose: 2.5-15 mg three times per week

Maximum Quantity Limits – 15mg three times per week

PLACE OF ADMINISTRATION:
The recommendation is that infused medications in this policy will be for pharmacy or medical benefit coverage administered in a place of service that is a non-inpatient hospital facility-based location.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Intravenous injection

DRUG CLASS:
Calcimimetic Agent

FDA-APPROVED USES:
Indicated for secondary hyperparathyroidism (HPT) in adult patients with chronic kidney disease (CKD) on hemodialysis
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.

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX:
Target goals of PTH, calcium, and phosphorus in adult CKD members on hemodialysis (i.e., CKD stage 5), per clinical practice guidelines:

Corrected serum calcium: CKD stage 5: 8.4 to 9.5 mg/dL (2.1 to 2.37 mmol/L) (KDOQI 2003)
Serum phosphorus: 3.5 to 5.5 mg/dL (KDOQI 2003)
Serum calcium-phosphorus product: CKD Stage 5: <55 mg_2/dL_2 (KDOQI 2003)
Intact PTH: CKD Stage 5: 150 to 300 pg/mL (KDOQI 2003)

Corrected serum calcium = measured total calcium + 0.8(4.0 – serum albumin)

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:

Secondary hyperparathyroidism (HPT) is a complication commonly seen in members with chronic kidney disease (CKD). Elevated concentrations of parathyroid hormone can lead to several other complications such as vitamin D deficiency, hypocalcemia and hyperphosphatemia. As secondary hyperparathyroidism becomes more severe with time, it can contribute to bone and cardiovascular disorders (including osteitis fibrosa cystica and calcific cardiovascular disease, broadly referred to as CKD–mineral bone disorder). Parsabiv is a calcimimetic agent that allosterically modulates the calcium-sensing receptor (CaSR). It binds to the CaSR and enhances activation of the receptor by extracellular calcium. Activation of the CaSR on parathyroid chief cells decreases PTH secretion. Itis used in members with CKD who have elevated iPTH levels are on dialysis.3 The FDA approved Parsabiv in February 2017 based on data from the Effect of Etelcalcetide vs Placebo on Serum Parathyroid Hormone in Members Receiving Hemodialysis with Secondary Hyperparathyroidism: Two Randomized Clinical Trials. They were 2 parallel, 26-week, phase 3, multicenter, randomized, double- blind, placebo-controlled trials with primary efficacy end point being the proportion of members achieving greater than 30% reduction from baseline in mean PTH during weeks 20-27.

Participants in the study were adult members (18 years or older) who had CDK and were receiving hemodialysis three times per week for at least 3 months. Key exclusion criteria included anticipated parathyroidectomy or kidney transplant during the study period, known sensitivity to any of the products or components, unstable medical condition or history of any illness that might confound the results.

Primary efficacy end point reached: in trial A, 188 of 254 (74.0%) vs 21 of 254 (8.3%;
P < .001) in placebo, and in trial B, 192 of 255 (75.3%) vs 25 of 260 (9.6%; P < .001) in placebo. Both of these studies showed that among members receiving hemodialysis with moderate to severe secondary hyperparathyroidism, use of etelcalcetide compared with placebo resulted in greater reduction in serum PTH over 26 weeks.

Parsabiv treats secondary HPT in patients with CKD who are on dialysis. The maintenance dose of Parsabiv is individualized and titrated based on PTH and corrected serum calcium response. The dose may be increased by 2.5-5 mg no more frequently than every 4 weeks. Serum calcium levels should be measured 1 week after initiation of therapy or dosage adjustment, and every 4 weeks thereafter for maintenance. Also, PTH should be measured 4 weeks after initiation of therapy or dose adjustment. In individuals with PTH levels below the target range, reduce the dose of Parsabiv or temporarily stop the therapy. Once PTH and serum calcium levels return to the target range, therapy will be initiated at a lower dose. Among individuals with a corrected serum calcium of at least 7.5 mg/dL but below target range and without symptoms of hypocalcemia, consider reducing the dose, temporarily stopping therapy, or adding on therapies to increase serum calcium. If therapy is stopped, reinitiate at a lower dose when PTH and serum calcium levels return to the target range. If the corrected serum calcium falls below 7.5 mg/dL, or if patient is experiencing symptomatic hypocalcemia, stop the therapy and treat hypocalcemia.

- Cinacalcet should be discontinued for at least 7 days prior to starting Parsabiv.
- If serum calcium falls below 7.5 mg/dL or if patient reports symptoms of hypocalcemia,
- therapy should be discontinued

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

All other uses of Parsabiv (etelcalcetide) are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to Parsabiv (etelcalcetide) include: hypersensitivity to etelcalcetide or any component of its excipients.

OTHER SPECIAL CONSIDERATIONS:

For members changing from cinacalcet to Parsabiv: Discontinue cinacalcet for at least 7 days prior to starting Parsabiv, and initiate Parsabiv treatment at a starting dose of 5 mg. Ensure corrected serum calcium is at or above the lower limit of normal prior to Parsabiv initiation. Parsabiv is not recommended when breastfeeding.

CODING/BILLING INFORMATION

Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

HCPCS CODE	DESCRIPTION
J0606	Injection, etelcalcetide, 0.1 mg

AVAILABLE DOSAGE FORMS:
Parsabiv SOLN 2.5MG/0.5ML single-dose vial
Parsabiv SOLN 5MG/ML single-dose vial
Parsabiv SOLN 10MG/2ML single-dose vial

REFERENCES

1. Parsabiv [package insert]. Thousand Oaks, CA: Amgen, Inc.; February 2021.
2. Block G, Bushinsky D, Cheng S, et al. Effect of Etelcalcetide vs Cinacalcet on Serum Parathyroid Hormone in Members Receiving Hemodialysis with Secondary Hyperparathyroidism: A Randomized Clinical Trial. *JAMA.* 2017;317(2):156–164. doi:10.1001/jama.2016.19468.
3. Effect of Etelcalcetide vs Cinacalcet on Serum Parathyroid Hormone in Members Receiving Hemodialysis with Secondary Hyperparathyroidism: A Randomized Clinical Trial. Block GA, Bushinsky DA, Cheng S, Cunningham J, Dehmel B, Drueke TB, Ketteler M, Kewalramani R, Martin KJ, Moe SM, Patel UD, Silver J, Sun Y, Wang H, Chertow GM. JAMA. 2017;317(2):156.
4. Second Chances to Improve ESRD Outcomes with a Second-Generation Calcimimetic. Middleton JP, Wolf M. JAMA. 2017;317(2):139.
5. Executive summary of the 2017 KDIGO Chronic Kidney Disease-Mineral and Bone Disorder (CKD-MBD) Guideline Update: what's changed and why it matters. Ketteler M, Block GA, Evenepoel P, Fukagawa M, Herzog CA, McCann L, Moe SM, Shroff R, Tonelli MA, Toussaint ND, Vervloet MG, Leonard MB. Kidney Int. 2017;92(1):26.

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Required Medical Information	Q3 2024
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Drug Class FDA-Approved Uses Contraindications/Exclusions/Discontinuation Available Dosage Forms	Q3 2023
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Quantity References	Q3 2022
Q2 2022 Established tracking in new format	Historical changes on file