

# PARSABIV™ (ETELCALCETIDE)

**Policy Number:** PHARMACY 313.2 T2

**Effective Date:** October 1, 2018

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Related Policies
None

## INSTRUCTIONS FOR USE

This Clinical Policy provides assistance in interpreting Oxford benefit plans. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify its policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Clinical Policy is based. In the event of a conflict, the member specific benefit plan document supersedes this Clinical Policy. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Clinical Policy. Other Policies may apply.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

## CONDITIONS OF COVERAGE

Applicable Lines of Business/ Products	This policy applies to Oxford Commercial plan membership.
Benefit Type	General Benefits Package
Referral Required (Does not apply to non-gatekeeper products)	No
Authorization Required (Precertification always required for inpatient admission)	Yes <sup>1</sup>
Precertification with Medical Director Review Required	Yes <sup>1</sup>
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	All
Special Considerations	<sup>1</sup> Precertification with review by a Medical Director or their designee is required

## BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

## **Essential Health Benefits for Individual and Small Group**

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

## **COVERAGE RATIONALE**

### **Initial Therapy**

**Parsabiv (etelcalcetide) is proven for the treatment of secondary hyperparathyroidism with chronic kidney disease when the following criteria are met:**

- Diagnosis of secondary hyperparathyroidism with chronic kidney disease; **and**
- Patient is on dialysis; **and**
- Patient is not receiving Parsabiv (etelcalcetide) in combination with Sensipar (cinacalcet hydrochloride); **and**
- Prescribed by or in consultation with an endocrinologist or nephrologist; **and**
- Dosing is in accordance with the United States Food and Drug Administration approved labeling; **and**
- Initial authorization will be for no longer than 12 months.

**Parsabiv (etelcalcetide) is medically necessary for the treatment of secondary hyperparathyroidism with chronic kidney disease when the following criteria are met:**

- Diagnosis of secondary hyperparathyroidism with chronic kidney disease; **and**
- Patient is on dialysis; **and**
- **All** of the following:
  - History of failure, contraindication, or intolerance to **one** phosphate binder (e.g., PhosLo, Fosrenol, Renvela, Renagel, etc.); **and**
  - History of failure, contraindication, or intolerance to **one** vitamin D analog (e.g., calcitriol, Hectorol, Zemplar, etc.); **and**
  - History of failure, contraindication, or intolerance to Sensipar (cinacalcet hydrochloride); **and**
- Patient is not receiving Parsabiv (etelcalcetide) in combination with Sensipar (cinacalcet hydrochloride); **and**
- Prescribed by or in consultation with an endocrinologist or nephrologist; **and**
- Dosing is in accordance with the United States Food and Drug Administration approved labeling; **and**
- Initial authorization will be for no longer than 12 months.

### **Continuation Therapy**

**Parsabiv (etelcalcetide) will be reauthorized based on ALL of the following criteria:**

- Documentation of a reduction in serum calcium from baseline; **and**
- Patient is not receiving Parsabiv (etelcalcetide) in combination with Sensipar (cinacalcet hydrochloride); **and**
- Prescribed by or in consultation with an endocrinologist or nephrologist; **and**
- Dosing is in accordance with the United States Food and Drug Administration approved labeling; **and**
- Reauthorization will be for no longer than 12 months.

## **U.S. FOOD AND DRUG ADMINISTRATION (FDA)**

Parsabiv is a calcium-sensing receptor agonist indicated for secondary hyperparathyroidism (HPT) in adult patients with chronic kidney disease (CKD) on hemodialysis.<sup>1</sup>

**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.<sup>1</sup>

**For patients 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.<sup>1</sup>

## **BACKGROUND**

Parsabiv is a calcimimetic agent that allosterically modulates the calcium-sensing receptor (CaSR). Etelcalcetide binds to the CaSR and enhances activation of the receptor by extracellular calcium. Activation of the CaSR on parathyroid chief cells decreases PTH secretion.<sup>1</sup>

## APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

HCPCS Code	Description
J0606	Injection, etelcalcetide, 0.1 mg

## CLINICAL EVIDENCE

In 2 parallel, phase 3, randomized, placebo-controlled treatment trials, Block et al evaluated the effect of the etelcalcetide on serum parathyroid hormone (PTH) concentrations in patients receiving hemodialysis.<sup>3</sup> Study participants received etelcalcetide or placebo after each hemodialysis session for 26 weeks. The primary end point was the proportion of patients achieving greater than 30% reduction in mean PTH over baseline during weeks 20-27, while the secondary end point was the proportion of patients reaching a mean PTH of 300 pg/mL or lower. Patients randomized to etelcalcetide were significantly more likely to achieve the primary and secondary endpoints. Regarding adverse events for both trials, patients receiving etelcalcetide had more muscle spasms, as well as nausea and vomiting. The authors conclude that in patients receiving hemodialysis with moderate to severe secondary hyperparathyroidism, use of etelcalcetide vs. placebo resulted in greater reduction in serum PTH over 26 weeks.

Block GA et al evaluated the therapeutic efficacy and safety of IV etelcalcetide and oral cinacalcet in patients receiving hemodialysis with moderate to severe secondary hyperparathyroidism in a randomized, active control, double-blind phase 3 trial.<sup>2</sup> The trial compared IV etelcalcetide vs. oral placebo and oral cinacalcet vs. IV placebo in 683 patients receiving hemodialysis with serum parathyroid hormone (PTH) concentrations higher than 500 pg/mL on therapy. The patients received either etelcalcetide intravenously with oral placebo or oral cinacalcet with IV placebo for 26 weeks. Administration of the IV formulation was administered 3 times weekly with hemodialysis, while the oral formulation was administered daily. The primary end point was noninferiority of etelcalcetide at achieving more than a 30% reduction in mean predialysis PTH concentrations from baseline during weeks 20-27. Secondary end points included superiority in achieving biochemical end points (>50% and >30% reduction in PTH) as well as self-reported nausea or vomiting. Etelcalcetide was noninferior to cinacalcet on the primary end point. The estimated difference in proportions of patients achieving reduction in PTH concentrations of more than 30% between the 198 of 343 patients (57.7%) randomized to receive cinacalcet and the 232 of 340 patients (68.2%) randomized to receive etelcalcetide was -10.5%(95%CI, -17.5% to -3.5%, P for noninferiority, <.001; P for superiority, .004). One hundred seventy-eight patients (52.4%) to randomized etelcalcetide achieved more than 50% reduction in PTH concentrations compared with 138 patients (40.2%) randomized to cinacalcet (P = .001; difference in proportions, 12.2%; 95%CI, 4.7%to 19.5%). The most common adverse effect was decreased blood calcium (68.9%vs 59.8%). The authors conclude that patients with moderate to severe secondary hyperparathyroidism receiving hemodialysis, the use of etelcalcetide was not inferior to, and met superiority criteria when compare to cinacalcet. The authors state that additional studies are needed to determine clinical outcomes in addition to efficacy and safety beyond the study period.

## REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare Pharmacy, Clinical Pharmacy Program that was researched, developed and approved by the UnitedHealth Group National Pharmacy & Therapeutics Committee. [2018D0075A]

1. Parsabiv [prescribing information]. Thousand Oaks, CA; Amgen/KAI Pharmaceuticals; February 2017.
2. Block GA, Bushinsky DA, Cheng S, Cunningham J, Dehmel B, Druke TB, Ketteler M, Kewalramani R, Martin KJ, Moe SM, Patel UD, Silver J, Sun Y, Wang H, Chertow GM. Effect of Etelcalcetide vs Cinacalcet on Serum Parathyroid Hormone in Patients Receiving Hemodialysis With Secondary Hyperparathyroidism: A Randomized Clinical Trial. JAMA. 2017 Jan 10;317(2):156-164. doi: 10.1001/jama.2016.19468.
3. Block GA, Bushinsky DA, Cunningham J, et al. Effect of etelcalcetide on serum parathyroid hormone in patients receiving hemodialysis with secondary hyperparathyroidism: two randomized clinical trials. JAMA. doi:10.1001/jama.2016.19456.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
10/01/2018	<ul style="list-style-type: none"><li>• Updated list of related policies; removed reference link to the policy titled <i>Review at Launch for New to Market Medications</i></li><li>• Revised conditions of coverage/precertification requirements to indicate precertification with review by a Medical Director or their designee is required</li><li>• Archived previous policy version PHARMACY 313.1 T2</li></ul>