

Prior Authorization

AETNA BETTER HEALTH OF MICHIGAN (MEDICAID)

Sensipar (MI88)

This fax machine is located in a secure location as required by HIPAA regulations.

Complete/review information, sign and date. Fax signed forms to Aetna Better Health of Michigan at 1-855-799-2551.

Please contact Aetna Better Health of Michigan at 1-866-316-3784 with questions regarding the Prior Authorization process.

When conditions are met, we will authorize the coverage of Sensipar (MI88).

Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name (select from list of drugs shown)

Sensipar (cinacalcet)

Other, Please specify

Quantity _____

Frequency _____

Strength _____

Route of Administration _____

Expected Length of therapy _____

Patient Information

Patient Name: _____

Patient ID: _____

Patient Group No.: _____

Patient DOB: _____

Patient Phone: _____

Prescribing Physician

Physician Name: _____

Specialty: _____

NPI Number: _____

Physician Fax: _____

Physician Phone: _____

Physician Address: _____

City, State, Zip: _____

Diagnosis: _____ ICD Code: _____

Please circle the appropriate answer for each question.

- 1. Has this plan authorized this medication in the past for this patient (i.e., previous authorization is on file under this plan)? Y N

[If no, then skip to question 5.]

- 2. Has documentation been submitted showing an iPTH level greater than 150 pg/ml and calcium greater than 8.4? Y N

[If no, then no further questions.]

- 3. Is the patient compliant with therapy? Y N

[If no, then no further questions.]

- | | | |
|---|---|---|
| 4. Has the patient taken Sensipar for less than one year? | Y | N |
| [No further questions.] | | |
| 5. Does the patient have a diagnosis of primary hyperparathyroidism? | Y | N |
| [If no, then skip to question 7.] | | |
| 6. Does the patient have a corrected serum calcium level of 11.3 to 12.5 mg/dl and is unable to undergo parathyroidectomy? | Y | N |
| [If yes, then skip to question 11.] | | |
| [If no, then no further questions.] | | |
| 7. Does the patient have a diagnosis of secondary hyperparathyroidism due to chronic kidney disease? | Y | N |
| [If no, then skip to question 10.] | | |
| 8. Is the patient on dialysis? | Y | N |
| [If no, then no further questions.] | | |
| 9. Has the patient tried and failed or had intolerance calcium carbonate AND sevelamer? | Y | N |
| [If yes, then skip to question 11.] | | |
| [If no, then no further questions.] | | |
| 10. Does the patient have a diagnosis of parathyroid carcinoma? | Y | N |
| [If no, then no further questions.] | | |
| 11. Is therapy being prescribed by a nephrologist or endocrinologist? | Y | N |
| [If no, then no further questions.] | | |
| 12. Has documentation been submitted showing all of the following laboratory test results: A) iPTH, B) calcium, C) Renal function, and D) Serum phosphorus? | Y | N |
| [If no, then no further questions.] | | |

13. Are the pretreatment iPTH levels greater than 300 pg/ml
(or biPTH greater than 160 pg/ml) and calcium levels
greater than 8.4?

Y N

Comments:

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature

Date