PRIORITY PARTNERS
7231 Parkway Dr., Suite 100
Hanover, MD 21076

JOHNS HOPKINS
HEALTH PLANS

Prior Authorization

JOHNS HOPKINS HEALTH PLANS (MEDICAID)

Sensipar - Priority Partners MCO

This fax machine is located in a secure location as required by HIPAA regulations.
Complete/review information, sign and date. Fax signed forms to Johns Hopkins Health Plans at **1-410-424-4607**. Please contact Johns Hopkins Health Plans at **1-888-819-1043** with questions regarding the Prior Authorization process.
When conditions are met, we will authorize the coverage of Sensipar - Priority Partners MCO.

Drug Name (select from list of drugs shown)
Cinacalcet Sensipar (cinacalcet)

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: _____
Physician Phone: _____
Physician Fax: _____
Physician Address: _____
City, State, Zip: _____

Diagnosis: _____ **ICD Code:** _____

Comments: _____

Please circle the appropriate answer for each question.

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

NOTE: The use of physician samples, or manufacturer product discounts, does not guarantee coverage under the provisions of the medical and/or pharmacy benefit. All pertinent criteria must be met in order to be eligible for benefit coverage.

[If yes, skip to question 9.]

2. Does the patient have a diagnosis of secondary hyperparathyroidism due to chronic kidney disease on dialysis? Y N

	NOTE: Submission of medical records is required.	
	[If no, skip to question 6.]	
3.	Does the patient have an intact plasma parathyroid hormone (iPTH) level greater than 400 pg/mL [or Bio-Intact (full-length) PTH greater than 200 pg/mL]?	Y N
	NOTE: Submission of medical records is required.	
	[If no, no further questions.]	
4.	Does the patient have a serum calcium level greater than or equal to 8.4 mg/dL?	Y N
	NOTE: Submission of medical records is required.	
	[If yes, no further questions.]	
5.	Does the patient have a calcium X phosphorus product greater than 55 mg2/dL2?	Y N
	NOTE: Submission of medical records is required.	
	[No further questions.]	
6.	Does the patient have a diagnosis of hypercalcemia due to parathyroid carcinoma?	Y N
	NOTE: Submission of medical records is required.	
	[If no, no further questions.]	
7.	Does the patient have a total serum calcium level (corrected for serum albumin) greater than or equal to 10.2 mg/dL (or maximum per lab/facility) despite standard therapy to control hypercalcemia?	Y N
	NOTE: Calculation for corrected total serum calcium = total calcium + 0.8 (4 - serum albumin) [4 gm/dL (normal serum albumin) - most recent serum albumin]. The normal serum albumin of 4.0 gm/dL is based on measurements using bromocresol green. If the bromocresol purple method is used, the normal serum albumin should be 3.5 mg/dL. \ NOTE: Submission of medical records is required.	
	[If no, no further questions.]	
8.	Does the patient have a documented trial and treatment failure or intolerance to phosphate binders such as PhosLo and Renagel?	Y N
	NOTE: Submission of medical records is required.	
	[No further questions.]	
9.	Has the patient been on therapy for greater than or equal to 9 months?	Y N
	[If no, skip to question 12.]	
10.	Does the patient have an intact PTH (iPTH) levels greater than 150 pg/mL and serum calcium greater than 8.4 mg/dL?	Y N
	NOTE: Submission of medical records is required.	
	[If no, no further questions.]	

11. Has there been a documented reduction in PTH with CKD on dialysis OR a documented reduction in serum calcium and phosphorus levels with parathyroid carcinoma?	Y N	
NOTE: Submission of medical records is required.		
[No further questions.]		
12. Does the patient have an intact PTH (iPTH) level greater than 150 pg/mL and serum calcium greater than 8.4 mg/dL?	Y N	
NOTE: Submission of medical records is required.		
[If no, no further questions.]		
13. Has there been a documented reduction in PTH with CKD on dialysis OR a documented reduction in serum calcium and phosphorus levels with parathyroid carcinoma?	Y N	
NOTE: Submission of medical records is required.		

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

Prescriber (Or Authorized) Signature and Date