

<b>Policy Name:</b>	<b>Paricalcitol Capsule Step-Edit</b>	<b>Policy #:</b>	<b>2647P</b>
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## Purpose of the Policy

The purpose of this policy is to establish the step-edit criteria for paricalcitol oral capsules.

## Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of paricalcitol oral capsules when the following step-edit criteria have been met.

## Criteria

### 1. Step-Edit Criteria

- 1.1 A previous paid claim at the pharmacy for calcitriol or Vitamin D
- 1.2 Provider can submit medical chart documentation of previous trial and subsequent failure on calcitriol or Vitamin D

### 2. Approval Period

- 2.1 12 months

## CPT Codes

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## HCPCS Codes

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## References

1. Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. *Kidney Int.* 2024 Apr;105(4S):S117-S314.

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