Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	Х	N/A	N/A	Х	N/A	Х	Х	Х	Χ	Х	Х	N/A	N/A	Χ

^{*}FHK- Florida Healthy Kids

Rayaldee (calcifediol)

Override(s)	Approval Duration						
Prior Authorization	Initial Requests: 3 months						
Phot Authorization	Maintenance Therapy Requests: 12 months						

Medications	Quantity Limit					
Rayaldee (calcifediol)	May be subject to quantity limit					

APPROVAL CRITERIA

Initial requests for Rayaldee (calcifediol) may be approved if the following criteria are met:

- I. Individual is 18 years of age or older; **AND**
- II. Individual is using for treatment of secondary hyperparathyroidism (HPT) associated with a diagnosis of stage 3 or stage 4 chronic kidney disease (CKD); **AND**
- III. Individual has a serum total 25-hydroxyvitamin D level less than 30 ng/mL and a serum corrected total calcium below 9.8 mg/dL; **OR**
- IV. Individual is using for neonatal hypocalcemia (DrugDex B IIa).

Continuation of therapy requests for Rayaldee (calcifediol) may be approved if the following criteria are met:

- I. Individual is 18 years of age or older and using for treatment of secondary HPT associated with stage 3 or 4 CKD; **AND**
- II. Individual has a serum total 25-hydroxyvitamin D level between 30 and 100 ng/mL, a serum corrected total calcium below 9.8 mg/dL, and serum phosphorus below 5.5 mg/dL.

Rayaldee (calcifediol) may not be used for the following:

I. Individual has a diagnosis of stage 5 chronic kidney disease or end-stage renal disease on dialysis.

State Specific Mandates											
State name	Date effective	Mandate details (including specific bill if applicable)									
N/A	N/A	N/A									

PAGE 1 of 2 11/15/2017

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	Х	N/A	N/A	Χ	N/A	Х	Х	Х	Χ	Х	Х	N/A	N/A	Χ

^{*}FHK- Florida Healthy Kids

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