NATIONAL PBM BULLETIN

December 26, 2017

DEPARTMENT OF VETERANS AFFAIRS
PHARMACY BENEFITS MANAGEMENT SERVICES (PBM), MEDICAL ADVISORY PANEL (MAP),
VISN PHARMACIST EXECUTIVES (VPEs), AND THE CENTER FOR MEDICATION SAFETY (VA MedSAFE)

Potential for Severe Adverse Drug Events with Duplicate or Concomitant Calcimimetic Therapy in Patients with Secondary Hyperparathyroidism and Chronic Kidney Disease on Dialysis

I. ISSUE

There are two FDA approved calcimimetics for secondary hyperparathyroidism (SHPT) in patients with chronic kidney disease (CKD) on dialysis: cinacalcet (oral tablet) and etelcalcetide (intravenous [IV] injection). Patients receiving dialysis at a non-VA dialysis center are at risk for duplicate or concomitant calcimimetic therapy if the patient receives medication from both the VA pharmacy and the non-VA dialysis center or associated pharmacy. Treatment with a calcimimetic may increase the risk for hypocalcemia, which may be severe; duplicate or concomitant calcimimetic therapy may result in life-threatening adverse drug events (ADEs). The following Bulletin is to increase awareness of the potential risk for severe ADEs with duplicate or concomitant calcimimetic therapy in an effort to minimize risk to VA patients receiving dialysis at a non-VA dialysis center.

II. BACKGROUND

Cinacalcet is a calcimimetic available as an oral tablet administered once daily for the management of SHPT in patients with CKD on dialysis (note: cinacalcet is also approved for other indications that will not be addressed in this Bulletin).[1] Recently another calcimimetic, etelcalcetide, was approved for SHPT in patients with CKD on hemodialysis (HD), and is administered as an IV bolus injection three times per week at the end of HD treatment.[2]

Effective January 1, 2018, injectable, IV, and oral calcimimetics qualify for the Transitional Drug Add-On Payment Adjustment (TDAPA) by the Centers for Medicare and Medicaid Services (CMS), to be included in the End Stage Renal Disease (ESRD) Prospective Payment System (PPS) bundled payment.[3] As this may require a change in the process for how VA patients receiving dialysis at a non-VA dialysis center will obtain their calcimimetic, there is concern that patients may inadvertently receive duplicate or concomitant calcimimetic therapy, resulting in severe ADEs.

III. DISCUSSION

Product information for the available calcimimetics include warnings and precautions for hypocalcemia, upper gastrointestinal bleeding, worsening heart failure, and adynamic bone disease.[1,2] For hypocalcemia, severe or life-threatening events may occur, as hypocalcemia may cause QT prolongation, arrhythmias, or seizures. In a comparison trial of IV etelcalcetide vs. oral cinacalcet, decreased calcium (defined as corrected serum calcium < 8.3 mg/dL that resulted in medical intervention) was reported in 68.9% vs. 59.8% of patients, respectively.[4] The respective product information includes recommendations for monitoring serum calcium, and correction of decreased calcium, as indicated, in patients treated with either cinacalcet or etelcalcetide.[1,2] Cinacalcet and etelcalcetide should not be used concomitantly; patients being switched from cinacalcet to etelcalcetide should have their cinacalcet discontinued at least 7 days prior to receiving etelcalcetide.[2]

With both oral cinacalcet and IV etelcalcetide included in the CMS ESRD bundled payment, patients should receive their calcimimetic from the respective dialysis center/related pharmacy. Therefore, VA patients receiving dialysis at a non-VA dialysis center and currently receiving a prescription for oral cinacalcet from VA pharmacy, after January 1, 2018, should instead receive their prescription for oral cinacalcet from the non-VA dialysis center/related pharmacy. If a VA patient receiving dialysis at a non-VA

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Alerts are based on the clinical evidence available at the time of publication. Recommendations are intended to assist practitioners in providing consistent, safe, high quality, and cost effective drug therapy. They are not intended to interfere with clinical judgment. When using dated material, the clinician should consider new clinical information, as available and applicable.

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dialysis center is prescribed IV etelcalcetide, this medication should be prescribed and administered at the non-VA dialysis center. In order to ensure the appropriate VA patients on a calcimimetic receiving non-VA dialysis are identified, this determination should be made at the local VA level in coordination with the non-VA dialysis centers/related pharmacies.

IV. PBM AND VA MEDSAFE RECOMMENDATIONS include:

- There is the potential for increased risk for severe ADEs if a patient were to receive duplicate calcimimetic therapy (e.g., two prescriptions for cinacalcet – one from VA and another from a non-VA dialysis center/related pharmacy), or concomitant calcimimetic therapy (VA prescription for oral cinacalcet, and administration of IV etelcalcetide after non-VA dialysis). Therefore, it is recommended that VA facilities/pharmacies should coordinate care of Medicare or VA contract patients receiving dialysis at non-VA dialysis centers to ensure these patients are only prescribed/administered one calcimimetic (oral cinacalcet OR IV etelcalcetide), and that they receive their calcimimetic prescription from the non-VA dialysis center/related pharmacy.
- Report any ADEs that occur with either oral cinacalcet or IV etelcalcetide per local protocols at your VA.

V. REFERENCES

1. SENSIPAR® (cinacalcet) tablets, for oral use [prescribing information]. Thousand Oaks, CA: Amgen, Inc. March 2017.
2. PARSABIV™ (etelcalcetide) injection, for intravenous use [prescribing information]. Thousand Oaks, CA: Amgen, Inc. February 2017.
3. Centers for Medicare & Medicaid Services (CMS). Implementation of the transitional drug add-on payment adjustment. Transmittal R1889OTN. https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017-Transmittals-Items/R1889OTN.html . Accessed November 9, 2017.
4. Block GA, Bushinsky DA, Cheng S, et al. Effect of etelcalcetide vs cinacalcet on serum parathyroid hormone in patients receiving hemodialysis with secondary hyperparathyroidism: a randomized clinical trial. JAMA 2017;317:156-64.

ACTIONS

- ***Facility Director*** *(or physician designee): Forward this document to the Facility Chief of Staff (COS).*
- ***Facility COS and Chief Nurse Executives:*** *Forward this document to all appropriate providers and health care staff (e.g.,* ***primary care providers, nephrologists, dialysis staff, and pharmacy staff, including contract providers, etc****.). In addition, forward to the Associate Chief of Staff (ACOS) for Research and Development (R&D). Forward to other VA employees as deemed appropriate.*
- ***ACOS for R&D:*** *Forward this document to Principal Investigators (PIs) who have authority to practice at the facility and to your respective Institutional Review Board (IRB).*