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). 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.

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. 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. 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. 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. 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.

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

(continued from page 1)

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