

ALASKA MEDICAID

Drisdol (Ergocalciferol)

Vitamin D₂ 50,000 IU (1.25mg)

INDICATION:

“DRISDOL is indicated for use in the treatment of hypoparathyroidism, refractory rickets, also known as vitamin D resistant rickets, and familial hypophosphatemia.”¹

CRITERIA FOR APPROVAL:

The following criteria must be met for the approval of coverage:

1. The patient is being treated for hypoparathyroidism; **OR**
2. The patient is being treated for refractory rickets (vitamin D resistant rickets); **OR**
3. The patient is being treated for familial hypophosphatemia; **OR**
4. The patient is being treated for secondary hyperparathyroidism²; **OR**
5. The patient has been compliantly taking at least 1,000 - 2,000IU of Vitamin D daily for no less than 6 months and has failed to correct a vitamin D deficiency (lab results must be submitted with the request).

CRITERIA CAUSING DENIAL:

1. The patient is being treated for a condition, disorder or disease other than the above; **OR**
2. The medication is being used as a dietary supplement.

LENGTH OF AUTHORIZATION:

1. Authorization may be granted for up to 12 months.

REFERENCES / FOOTNOTES:

¹ Drisdol package insert, available at: <<http://products.sanofi-aventis.us/drisdol/drisdol.pdf>>
Accessed 12/1/2010.

² Ergocalciferol, Vitamin D2 monograph. Clinical Pharmacology. Accessed 12/1/2010.