BRING THIS TO YOUR DOCTOR · GREY PEPTIDES

Etelcalcetide

Also called: Parsabiv; AMG 416; velcalcetide

What it is

A peptide agonist of the calcium-sensing receptor, injected into the dialysis line three times a week. Approved as Parsabiv in 2017 to lower parathyroid hormone in adults with kidney failure on hemodialysis.

Approval status

FDA Approved. Approved in the US as Parsabiv (etelcalcetide), NDA 208325, first approved February 7, 2017, for secondary hyperparathyroidism in adults with chronic kidney disease on hemodialysis (Drugs@FDA via openFDA and the Parsabiv label, read October 2, 2026).

Dosing, as printed in the page's Recommended Dosing box

Manufacturer's recommended dosing (FDA label)

From the prescribing information. Other doses studied, if any, are in the full dosing data below.

Protocol and source	Dose	Frequency	Duration	Route
Label: secondary hyperparathyroidism on haemodialysis, starting **[Approved label]** Parsabiv (etelcalcetide) injection US prescribing information (DailyMed set cd270093, effective March 8, 2026)	5 mg	Three times weekly at the end of dialysis	Titrated	Intravenous bolus
Label: maintenance **[Approved label]** Parsabiv (etelcalcetide) injection US prescribing information (DailyMed set cd270093, effective March 8, 2026)	2.5-15 mg, adjusted in 2.5 or 5 mg steps	Three times weekly	Changes no more often than every 4 weeks	Intravenous bolus

Educational information, not medical advice. Each dose above is tagged with its source: an approved label, a published human study, animal data, or amounts reported by users. None is a recommendation for you. An unapproved compound has no established safe or effective human dose, and products sold for "research use only" are not made or tested for people. Talk to a doctor before acting on anything on this site, including before you start, stop or change any medicine or dose.

Key human evidence

The first 3 of the 14 human studies carded on the page (15 study cards in all):

• **First doses in healthy men** (Human, 2014). Single intravenous doses of 0.5 to 10 mg lowered parathyroid hormone within 30 minutes and FGF23 by 24 hours, with no nausea, vomiting or diarrhoea; the terminal half-life was 18.4 to 20.0 hours in people with normal kidneys. **PMID 24235081**

• **Against cinacalcet, 683 patients** (Human, 2017). Over 26 weeks, 68.2% on etelcalcetide reduced parathyroid hormone by more than 30% against 57.7% on cinacalcet, meeting criteria for both non-inferiority and superiority; 52.4% against 40.2% reduced it by more than half. Decreased blood calcium was the most common adverse effect (68.9% against 59.8%). **PMID 28097356**

• **Heart strain against alfacalcidol** (Human, 2023). In a one-year randomised trial in haemodialysis, left ventricular global longitudinal strain worsened on alfacalcidol but stayed stable on etelcalcetide; ejection fraction did not differ. **PMID 37932788**

Interactions

From the FDA label's drug-interaction section (Amgen. PARSABIV (etelcalcetide) injection, US prescribing information, section 5.1. DailyMed version effective March 8, 2026, read October 5, 2026):

• With cinacalcet or another oral calcium-sensing receptor agonist: risk of severe, life-threatening hypocalcaemia; stop cinacalcet at least 7 days before starting etelcalcetide (FDA label)

• With other therapies that lower serum calcium: monitor corrected serum calcium closely (FDA label)

Side effects and cautions

Reported side effects	Contraindications and cautions
• Decreased blood calcium, the most common effect in every trial • Diarrhoea, nausea and vomiting • Muscle spasms and low phosphate	• Hypocalcaemia: corrected calcium must be at or above normal before starting or raising the dose • Worsening heart failure • Upper gastrointestinal bleeding • Adynamic bone if parathyroid hormone is suppressed too far • Tested athletes — see the Sport (WADA) row below

Five questions to ask

1. Is Etelcalcetide right for me, and is the labelled dose on this sheet right for my weight, age, kidney and liver function?
2. Here are the medicines and supplements I take. Do any of them interact with Etelcalcetide? This sheet lists the interactions on record.
3. Which side effects should make me stop and call you, for example decreased blood calcium?
4. Do any of the cautions on this sheet apply to me, such as: Hypocalcaemia: corrected calcium must be at or above normal before starting or raising the dose?
5. What should we check before I start and while I am on it (blood tests, blood pressure, weight), and how often?

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