

**OPTIMA HEALTH COMMUNITY CARE
AND
OPTIMA FAMILY CARE
(MEDICAID)**

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-800-750-9692.** No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. Incomplete form will delay authorization process.

Drug Requested: **Natpara®** (recombinant human parathyroid hormone)

DRUG INFORMATION: Complete information below or authorization process will be delayed.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy:** _____

Diagnosis: _____ **ICD Code, if applicable:** _____

To be prescribed by an endocrinologist

CLINICAL CRITERIA: Check **ALL** that apply for both **Initial Approval** and **Continued Approval** criteria. Boxes **must** be checked for approval. **ALL labs MUST be attached to form request or authorization process will be delayed.**

****Initial Approval will be for 12 weeks; then labs to assess patient response to treatment will be required for Continued Approval.****

Initial Approval

- Patient has diagnosis of hypoparathyroidism as confirmed by parathyroid hormone concentrations below the lower limit of normal on 2 laboratory assays taken at least 21 days apart and performed within the last 12 months **(please attach labs with results)**
- Diagnosis of hypoparathyroidism has existed for this patient for a minimum of 18 months
- Patient does **NOT** have a diagnosis of calcium-sensing receptor mutation (CASR mutation) or impaired responsiveness to PTH
- Patient's albumin-corrected total serum calcium concentration is at least 7.5 mg/dL **(submit current labs to document)**
- Patient is currently taking a minimum of 0.25mcg calcitriol daily **AND** a minimum of 1000mg calcium daily over and above normal dietary intake
- Serum magnesium is within normal laboratory limits (submit current labs)
- Serum 25-hydroxyvitamin D levels are above lower limit of normal of 30ng/mL **(submit current labs)**

(Continued on next page)

- ❑ Patient has serum thyroid function tests within normal laboratory limits **OR** has been stable on thyroid replacement dose for at least 3 months (**submit current labs**)
- ❑ Creatinine clearance >30mL/min on 2 separate occasions **OR** creatinine clearance >60mL/min with serum creatinine <1.5mg/dL (**submit current labs**)

Continued Approval

- ❑ Patient has achieved a minimum of 50% reduction of baseline oral calcium dose
- ❑ Patient has achieved a minimum of 50% reduction of baseline calcitriol dose
- ❑ Albumin-corrected total serum calcium is maintained within range of 8.0 - 9.0mg/dL (**please submit current labs**)

Medication being provided by a Specialty Pharmacy - PropriumRx

****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR /NPI #: _____

REVISED/UPDATED: 8/1/2017; 8/31/2017; 8/27/2018