

OPTIMA HEALTH COMMUNITY CARE

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 1-800-319-5003. 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. If incomplete, 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)*
- 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 on next page)

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: 8/4/2017; 8/31/2017