

# OPTIMA HEALTH PLAN

## 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. 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)*

*(signature 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 #: \_\_\_\_\_

\*Approved by Pharmacy and Therapeutics Committee: 8/20/2015  
REVISED/UPDATED: 10/23/2015; 12/22/2015; 9/22/2016; 12/21/2016; 7/30/2017