



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.

Visit go.covermymeds.com/OptumRx to begin using this free service. Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Natpara[®] Prior Authorization Request Form (Page 1 of 2)

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:
Medication Information (required)					
Medication Name:			Strength:		Dosage Form:
<input type="checkbox"/> Check if requesting brand			Directions for Use:		
<input type="checkbox"/> Check if request is for continuation of therapy					
Clinical Information (required)					
Select the diagnosis below:					
<input type="checkbox"/> Hypoparathyroidism					
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
Clinical Information:					
Does the patient have a diagnosis of hypocalcemia? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the hypocalcemia due to chronic hypoparathyroidism? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is Natpara being used in the setting of acute post-surgical hypoparathyroidism? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the patient have a known calcium-sensing receptor mutation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the patient have documented parathyroid hormone concentration that is inappropriately low for the level of calcium, recorded on at least two occasions within the previous 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is Natpara prescribed by or in consultation with an endocrinologist? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has the patient been optimized on an adequate dose of calcium ($\geq 2,000$ mg daily)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has the patient been optimized on an adequate dose of vitamin D (calcitriol ≥ 1 mcg/ day)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the patient on thyroid hormone replacement therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "yes", has the patient's thyroid hormone replacement therapy dose been stable for \geq to 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "no", does the patient have normal thyroid-stimulating hormone concentrations? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the patient have normal serum magnesium concentration? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the patient have normal serum 25-hydroxyvitamin D concentration? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the patient have creatinine clearance (CrCL) ≥ 30 mL/min on two separate measurements? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the patient have creatinine clearance (CrCL) > 60 mL/min on one measurement? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the patient have serum creatinine (SCr) < 1.5 mg/dL? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Will Natpara be used as an adjunct to calcium and vitamin D? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Reauthorization:					
If this is a reauthorization request, answer the following questions:					
Has the patient achieved and maintained serum calcium levels in the ideal range (8 – 9 mg/dL)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has the patient experienced a 50% or greater reduction in oral calcium intake? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has the patient experienced a 50% or greater reduction in oral vitamin D intake? <input type="checkbox"/> Yes <input type="checkbox"/> No					

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

Office use only: Natpara_Comm_2017Feb-W



Natpara[®] Prior Authorization Request Form (Page 2 of 2)
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Quantity Limit Requests:

What is the quantity requested per MONTH? _____

What is the reason for exceeding the plan limitations?

- Titration or loading dose purposes
- Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime)
- Requested strength/dose is not commercially available
- Other: _____

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.
For urgent or expedited requests please call 1-800-711-4555.
This form may be used for non-urgent requests and faxed to 1-800-527-0531.