



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

Visit [go.covermymeds.com/OptumRx](http://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)

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Member Information (required)	Provider Information (required)
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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)
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Medication Name:		Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting <b>brand</b>		Directions for Use:	
<input type="checkbox"/> Check if request is for <b>continuation of therapy</b>			

Clinical Information (required)
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**Select the diagnosis below:**

Hypoparathyroidism

Other diagnosis: \_\_\_\_\_ ICD-10 Code(s): \_\_\_\_\_

**Clinical Information:**

Does the patient have hypocalcemia due to chronic hypoparathyroidism?  Yes  No

Is Natpara being used in the setting of acute post-surgical hypoparathyroidism?  Yes  No

Does the patient have a known calcium-sensing receptor mutation?  Yes  No

Is there documentation the patient has a parathyroid hormone concentration that is inappropriately low for the level of calcium, recorded on at least two occasions within the previous 12 months?  Yes  No

Is the patient unable to control hypocalcemia with standard treatments?  Yes  No

Will Natpara be used as an adjunctive therapy?  Yes  No

Is the patient on thyroid hormone replacement therapy?  Yes  No

    If "yes" to the above question, has the patient's dose been stable for greater than or equal to 3 months?  Yes  No

    If "no" to the above question, does the patient have normal thyroid-stimulating hormone concentrations?  Yes  No

Does the patient have normal magnesium and serum 25-hydroxyvitamin D concentrations?  Yes  No

Is Natpara prescribed by an endocrinologist?  Yes  No

**Reauthorization:**

Is there documentation the patient has had a positive clinical response to Natpara therapy?  Yes  No

Has the patient achieved and maintained serum calcium levels in the ideal range (7.5 – 10.6 mg/dL)?  Yes  No

Has the patient experienced a 50% or greater reduction in oral calcium intake?  Yes  No

Has the patient experienced a 50% or greater reduction in oral vitamin D intake?  Yes  No

**Quantity Limit:**

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

There is a medically necessary justification why the patient cannot use a higher commercially available strength to achieve the same dosage and remain within the same dosing frequency. **Please specify:** \_\_\_\_\_

Other: \_\_\_\_\_

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.**



## Natpara<sup>®</sup> Prior Authorization Request Form (Page 2 of 2)

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

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Please note:

This request may be denied unless all required information is received.  
If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555.  
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.