



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES**



**Office of Pharmacy Service
Prior Authorization Criteria**

**Natpara[®] (parathyroid hormone)
Effective 10/01/2016**

Prior Authorization Request Form

NATPARA is a parathyroid hormone indicated as an adjunct to calcium and vitamin D to control hypocalcemia in patients with hypoparathyroidism.

- 1.) Must be prescribed by an endocrinologist
- 2.) Diagnosis must be for hypocalcemia secondary to hypoparathyroidism
 - a. Documentation must include parathyroid levels below the lower limit of normal range, recorded on 2 separate occasions within the past 12 months.
 - b. Requests for Natpara will be denied if the patient has hypoparathyroidism caused by calcium-sensing mutations and in cases of an acute hypoparathyroidism caused by surgery.
- 3.) Hypocalcemia must not be correctable through the use of calcium supplementation and active forms of vitamin D alone.
- 4.) Initial serum calcium level must not be greater than 7.5 mg/dL.
- 5.) Continuation requests for Natpara should include clinical documentation indicating regular monitoring of the patient's serum calcium.

References

- 1.) Lexi-Comp drug monograph Natpara (Reviewed 9/08/2016)
- 2.) Natpara package insert, Shire Pharmaceuticals 7/2016