Health Partners Medicare

PRIOR AUTHORIZATION REQUEST FORM

Natpara - Medicare

Phone: 215-991-4300 Fax back to: 866-371-3239

Health Partners Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.

Patient Name:	**Prescriber Name:**
Member Number:	Fax: Phone:
Date of Birth:	Office Contact:
Line of Business: □ Medicare	NPI: State Lic ID:
Address:	Address:
City, State ZIP:	City, State ZIP:
Primary Phone:	**Specialty/facility name (if applicable):**

☐ REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that applying the 72 hour standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

Drug Name:	
Strength:	
Directions / SIG:	

Please attach any pertinent medical history including labs and information for this member that may support approval.
Please answer the following questions and sign.

Q1. Is the medication being used for an FDA approved indication?

☐ Yes ☐ No

Q2. Is the patient 18 years or older?

☐ Yes ☐ No

Q3. Is this medication being prescribed by or in consultation with an endocrinologist or parathyroid specialist?

☐ Yes ☐ No

Q4. Does the patient have a documented risk of osteosarcoma (including Paget's disease or unexplained elevation of alkaline phosphatase, open epiphyses, hereditary disorders predisposed to osteosarcoma, or a history of external beam or implant radiation therapy)?

☐ Yes ☐ No

Q5. Is there documentation showing uncontrolled hypocalcemia despite treatment with calcium supplements and active forms of vitamin D?

☐ Yes ☐ No

Q6. Are labs attached showing serum calcium is above 7.5 mg/dL and serum 25-hydroxyvitamin D level is within normal range prior to starting Natapara?

☐ Yes ☐ No

Q7. Will Natpara be used along with calcium supplementation or active forms of vitamin D?

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Patient Name:	**Prescriber Name:**

☐ Yes	☐ No
Q8. Requested Duration: ☐ 12 Months	
Q9. Additional Information:	

_____ _____

Prescriber Signature Date

2023 Medicare Prior Authorization Request

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