

PRIOR AUTHORIZATION REQUEST FORM

Individual and Family Plans

Natpara

Fax back to: (833) 605-4407 Phone: (215) 991-4300

Jefferson Health 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,

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Patient Name:		Prescriber Name:	
Member Number:		Fax: Phone:	
Date of Birth:		Office Contact:	
Line of Business: □ E	xchange - PA	NPI: State Lic ID:	
Address:		Address:	
City, State ZIP:		City, State ZIP:	
Primary Phone:		Specialty/facility name (if applicable):	
	REVIEW: By checking this box and signing below, I bility to regain maximum function.	certify that the standard review timeframe may seriously jeopardize the life or health of	
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?			
	ation being used for an 1 DA app		
☐ 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?			

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Patient Name:	Prescriber Name:		
☐ 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. Additional Information:			
Prescriber Signature	Date		

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