



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.

Form with fields for Patient Name, Prescriber Name, Member Number, Date of Birth, Line of Business, Address, City, State ZIP, Primary Phone, Fax, Phone, Office Contact, NPI, State Lic ID, and Specialty/facility name.

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

Form with fields for Drug Name, Strength, and 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 checkbox

No checkbox

Q2. Is the patient 18 years or older?

Yes checkbox

No checkbox

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

Yes checkbox

No checkbox

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 checkbox

No checkbox

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:
<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q7. Additional Information:	

Prescriber Signature

Date

v2025