



2024 MEDICARE PRIOR AUTHORIZATION REQUEST FORM

Natpara - Medicare

Phone: 215-991-4300

Fax back to: 866-371-3239

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, Office Contact, NPI, State Lic ID, and Specialty/facility name.

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.

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 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



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Patient Name:	Prescriber Name:
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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. Requested Duration:

12 Months

Q8. Additional Information:

Prescriber Signature

Date

2024 Medicare Prior Authorization Request