

Prescriber Criteria Form

Natpara 2024 PA Fax 1263-A v1 010124.docx  
Natpara (parathyroid hormone)  
Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations.  
Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673** .  
Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process.  
When conditions are met, we will authorize the coverage of Natpara (parathyroid hormone).

Drug Name:  
Natpara (parathyroid hormone)

<b>Patient Name:</b>		
<b>Patient ID:</b>		
<b>Patient DOB:</b>	<b>Patient Phone:</b>	
<b>Prescriber Name:</b>		
<b>Prescriber Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Prescriber Phone:</b>	<b>Prescriber Fax:</b>	
<b>Diagnosis:</b>	<b>ICD Code(s):</b>	

Please circle the appropriate answer for each question.

1	Does the patient have a diagnosis of hypocalcemia associated with hypoparathyroidism? [If no, then no further questions.]	Yes	No
2	Does the patient have acute post-surgical hypoparathyroidism (within 6 months of surgery) and is expected to recover from hypoparathyroidism?	Yes	No

Comments:	
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By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.

<b>Prescriber (or Authorized) Signature:</b> _____	<b>Date:</b> _____
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