



Natpara

Express Scripts
Prior Authorization
Phone 1-844-424-8886
Fax 1-877-251-5896

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week,
TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: medicarepartdparequests@express-scripts.com

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
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SECTION A Please answer the following questions

1. ☐ Yes ☐ No Is the indication for the treatment of hypocalcemia in patients with hypoparathyroidism??
2. ☐ Yes ☐ No Does the member have hypoparathyroidism known to be caused by calcium-sensing receptor mutations?
3. ☐ Yes ☐ No Does the member have acute post-surgical hypoparathyroidism?
4. ☐ Yes ☐ No Is the member at increased baseline risk for osteosarcoma (e.g., patients with Paget's disease of bone or unexplained elevations of alkaline phosphatase, pediatric and young adult patients with open epiphyses, patients with hereditary disorders predisposing to osteosarcoma, patients with a history of prior external beam or implant radiation therapy involving the skeleton, etc.)?
5. ☐ Yes ☐ No Does the member have sufficient 25-hydroxyvitamin D stores (25-hydroxyvitamin D concentrations above 20ng/mL (50nmol/L))?
6. ☐ Yes ☐ No Does the member have serum calcium level above 7.5mg/dL?

Please document the symptoms and/or any other information important to this review:

SECTION BPhysician Signature

PHYSICIAN SIGNATURE

DATE**FAX COMPLETED FORM TO: 1-877-251-5896**

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.scanhealthplan.com>