



**BlueCross
BlueShield**

NATPARA

Federal Employee Program. **PRIOR APPROVAL REQUEST**

Additional information is required to process your claim for prescription drugs. Please complete the cardholder portion, and have the prescribing physician complete the physician portion and submit this completed form.

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn: Clinical Services
Fax: **1-877-378-4727**

Patient Information (required)				Provider Information (required)		
Date:				Provider Name:		
Patient Name:				Specialty:		NPI:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:	State:	Zip:		City:	State:	Zip:
Patient ID:	R			Physician Signature:		
PHYSICIAN COMPLETES						

Natpara

(parathyroid hormone)

*Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit

NOTE: Form must be completed in its **entirety** for processing

Is this request for brand or generic? ☐ Brand ☐ Generic

How many cartridges are being requested within an 84 day period? _____ cartridge(s) per 84 days

1. What is the patient's diagnosis?

☐ Hypocalcemia due to hypoparathyroidism? ☐ Yes ☐ No

☐ Other diagnosis (*please specify*): _____

2. Will the patient be using Natpara in conjunction with calcium supplements alone or calcium supplements with calcitriol (activated vitamin D)? ☐ Yes ☐ No

3. Has the patient been taking Natpara continuously for the past **6 months, excluding samples**? *Please select answer below:*

☐ **NO** – this is **INITIATION** of therapy, please answer the following questions:

- Has the patient's condition been controlled by calcium supplements alone or calcium supplements with calcitriol (activated vitamin D)? ☐ Yes ☐ No
- Does the patient have a serum 25-hydroxyvitamin D level within the normal range prior to initiating therapy with Natpara? ☐ Yes ☐ No
- Does the patient have total serum calcium above 7.5mg/dL prior to initiating therapy? ☐ Yes ☐ No
- Does the patient have serum magnesium within the normal range prior to initiating therapy? ☐ Yes ☐ No
- Has the prescriber been certified by Natpara REMS program? ☐ Yes ☐ No
- Does the patient have calcium-sensing receptor mutations? ☐ Yes ☐ No
- Has the patient been diagnosed with acute post-surgical hypoparathyroidism within six months of surgery? ☐ Yes ☐ No

☐ **YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the following questions:

- Does the patient have a serum 25-hydroxyvitamin D level within the low-normal range? ☐ Yes ☐ No
- Does the patient have serum calcium level between 8-9 mg/dL? ☐ Yes ☐ No
- Is the patient's dose of Natpara, calcitriol, or calcium supplement being adjusted to achieve total serum calcium levels within low-normal range? ☐ Yes ☐ No
- Is the patient's serum magnesium level within the normal range? ☐ Yes ☐ No



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Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

<p>Electronically Online (ePA)</p> <p>Results in 2-3 minutes FASTEST AND EASIEST</p>	<p>Now you can get responses to drug Prior Authorization requests securely online. Online submissions may receive instant responses and do not require faxing or phone calls.</p> <p>Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to Caremark.com/ePA.</p>
<p>Phone</p> <p>(4-5 minutes for response)</p>	<p>The FEP Clinical Call Center can be reached at (877)-727-3784 between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same information contained on the attached form. Please review the form and have your answers ready for faster service.</p> <p>The process over the phone takes on average between 4 and 5 minutes.</p>
<p>Fax</p> <p>(3-5 days for response)</p>	<p>Fax the attached form to (877)-378-4727. Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the Prior Authorization request cannot be processed.</p> <p><u>Please only fax the completed form once as duplicate submissions may delay processing times.</u></p>

faster...
easier...
better...

Introducing ePA! Online Prior Authorizations in minutes through **Caremark.com/ePA**. Sign up today!

CVS/caremark 