



**GEORGIA MEDICAID FEE-FOR-SERVICE  
HYPERPARATHYROID AGENTS PA SUMMARY**

Preferred	Non-Preferred
n/a	Natpara (parathyroid hormone)

**LENGTH OF AUTHORIZATION:** Initial 6 months; repeat 1 year

**PA CRITERIA:**

- ❖ Approvable for members 18 years of age or older with a diagnosis of hypocalcemia secondary to hypoparathyroidism with an albumin-corrected total serum calcium level >7.5 mg/dL that is not able to be maintained between 8.0 to 9.0 mg/dL with calcium and calcitriol (active vitamin D) supplementation

*AND*

- ❖ Member must have a 25-hydroxyvitamin D level  $\geq 20$  ng/mL [50 nmol/L]

*AND*

- ❖ Natpara must be used in conjunction with calcium and calcitriol (active vitamin D)

*AND*

- ❖ Prescriber and pharmacy must be enrolled in the Natpara Risk Evaluation and Mitigation Strategy (REMS) program.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.