PHARMACY COVERAGE GUIDELINES
SECTION: DRUGS

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NATPARA® (parathyroid hormone) subcutaneous injection

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pharmacy Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Pharmacy Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Pharmacy Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Pharmacy Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

This Pharmacy Coverage Guideline does not apply to FEP or other states' Blues Plans.

Information about medications that require precertification is available at www.azblue.com/pharmacy.

Some large (100+) benefit plan groups may customize certain benefits, including adding or deleting precertification requirements.

All applicable benefit plan provisions apply, e.g., waiting periods, limitations, exclusions, waivers and benefit maximums.

Precertification for medication(s) or product(s) indicated in this guideline requires completion of the request form in its entirety with the chart notes as documentation. **All requested data must be provided.** Once completed the form must be signed by the prescribing provider and faxed back to BCBSAZ Pharmacy Management at (602) 864-3126 or emailed to Pharmacyprecert@azblue.com. **Incomplete forms or forms without the chart notes will be returned.**

NATPARA® (parathyroid hormone) subcutaneous injection

NATPARA IS AVAILABLE ONLY THROUGH A RESTRICTED PROGRAM UNDER A RISK EVALUATION AND MITIGATION STRATEGY (REMS) CALLED THE NATPARA REMS PROGRAM.

Criteria:

- **Criteria for initial therapy:** Natpara (parathyroid hormone) is considered ***medically necessary*** and will be approved when **ALL** of the following criteria are met:

  1. Prescriber is a physician specializing in the patient's diagnosis or is in consultation with an Endocrinologist

  2. Individual is 18 years of age or older

  3. A confirmed diagnosis of hypoparathyroidism with hypocalcemia that is not controlled with use of calcium and active forms of vitamin D

  4. Natpara (parathyroid hormone) will be used as adjunct therapy to control hypocalcemia

  5. **ALL** of the following baseline tests have been completed before initiation of treatment with continued monitoring as clinically appropriate:
     a. 25-hydroxyvitamin D is greater than 20 ng/mL
     b. Serum calcium greater than 7.5 mg/dL (albumin-corrected)
     c. Serum albumin
     d. 24-hour urinary calcium

  6. No evidence of hypocalcemia or hypercalcemia (serum calcium or corrected serum calcium is within the normal range)

  7. Natpara (parathyroid hormone) is not being used to treat hypoparathyroidism caused by calcium-sensing receptor variants

  8. Natpara (parathyroid hormone) is not being used in individuals with acute post-surgical hypoparathyroidism

  9. Natpara (parathyroid hormone) is not being used concurrently with a bisphosphonate (Actonel, Fosamax, others)

  10. Natpara (parathyroid hormone) is not being used concurrently with brand Forteo (teriparatide), generic teriparatide or Tymlos (abaloparatide) or Prolia (denosumab)

  Initial approval duration: 3 months

NATPARA® (parathyroid hormone) subcutaneous injection

- **Criteria for continuation of coverage (renewal request):** Natpara (parathyroid hormone) is considered ***medically necessary*** and will be approved when **ALL** of the following criteria are met:

  1. Individual continues to be seen by a physician specializing in the patient's diagnosis or is in consultation with an Endocrinologist

  2. Individual's condition responded while on
     a. Response is defined as:
        i. Achieved and maintains **TWO** of the following:
           1. Total serum calcium (albumin-corrected) is within the lower half of the normal range (i.e., between 8-9 mg/dL) without the need for active forms of vitamin D and while using calcium supplementation sufficient to meet the individual's daily requirements
           2. At least a 50% reduction from baseline in the dose of active vitamin D
           3. At least a 50% reduction from baseline in the dose of oral calcium supplementation
        ii. No evidence of disease progression

  3. Individual has been adherent with the medication

  4. Natpara (parathyroid hormone) is not being used concurrently with a bisphosphonate (Actonel, Fosamax, others)

  5. Natpara (parathyroid hormone) is not being used concurrently with brand Forteo (teriparatide), generic teriparatide or Tymlos (abaloparatide) or Prolia (denosumab)

  6. Individual has not developed any significant unacceptable adverse drug effects that may exclude continued use
     a. Significant adverse effect such as:
        i. Severe hypercalcemia
        ii. Severe hypocalcemia
        iii. Hypercalciuria (urine calcium > 300mg/24 hours or > 7.5 mmol/24 hours)
        iv. Osteosarcoma

  Renewal duration: 12 months

- Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

  1. **Off-Label Use of a Non-Cancer Medications**

  2. **Off-Label Use of a Cancer Medication for the Treatment of Cancer without a Specific Coverage Guideline**

NATPARA® (parathyroid hormone) subcutaneous injection

Description:

Natpara (parathyroid hormone) is indicated as an adjunct to calcium and vitamin D to control hypocalcemia in individuals with hypoparathyroidism. Because of the potential risk of osteosarcoma, Natpara (parathyroid hormone) is recommended only for patients who cannot be well-controlled on calcium supplements and active forms of vitamin D alone.

Parathyroid hormone raises serum calcium by increasing renal tubular calcium reabsorption, increasing intestinal calcium absorption (by converting 25-OH vitamin D to 1, 25-OH2 vitamin D) and by increasing bone turnover which releases calcium into the circulation.

The dose of Natpara (parathyroid hormone) should be individualized based on total serum calcium (albumin-corrected) and 24-hour urinary calcium excretion. When using Natpara (parathyroid hormone), adjust the dose of active vitamin D or calcium supplement or both based on serum calcium value and clinical assessment for signs and symptoms of hypocalcemia or hypercalcemia.

The maintenance of Natpara (parathyroid hormone) should be the lowest does that achieves a total serum calcium (albumin-corrected) within the lower half of the normal total serum calcium range (approximately 8 and 9 mg/dL), without the need for active forms of vitamin D and with use of calcium supplementation sufficient to meet daily requirements. Monitor serum calcium and 24-hour urinary calcium per standard of care once a maintenance dose is achieved

The dose of Natpara (parathyroid hormone) is increased if serum calcium cannot be maintained above 8 mg/d without an active form of vitamin D and/or oral calcium supplementation. Doses are decreased if total serum calcium is repeatedly above 9 mg/dL after the active form of vitamin D has been discontinued and calcium supplement has been decreased to a dose sufficient to meet daily requirements. Abrupt interruption or discontinuation of Natpara (parathyroid hormone) can result in severe hypocalcemia.

Natpara (parathyroid hormone) was not studied in patients with hypoparathyroidism caused by calcium-sensing receptor mutations. Natpara (parathyroid hormone) was not studied in patients with acute post-surgical hypoparathyroidism.

Use of Natpara (parathyroid hormone) is subject to a Risk Evaluation and Mitigation Strategies (REMS) program that requires provider, patient, and dispensing pharmacy be enrolled into the program. Use of Natpara (parathyroid hormone) is associated with a higher potential risk of osteosarcoma that may be dependent on dose and treatment duration. Only providers and Pharmacies enrolled into the REMS may prescribe and dispense the drug, respectively, to individuals who are also in the program. A REMS program attempts to manage known or potentially serious risks associated with a drug product and is required by the Food and Drug Administration (FDA) for some drugs to ensure that the benefits of a drug outweigh its risks

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Definitions:

Adult: Age 18 years and older

Albumin-corrected serum calcium [cCa, mg/dL]:

Individual's serum calcium (mg/dL) + 0.8 (4.0 – individual's serum albumin [g/dL])

25 hydroxy-vitamin D levels:

20-50 ng/mL (50-125 nmol/L)

Adjustments to active vitamin D and calcium supplementation:

	Adjust first	Adjust second
Serum Calcium:	Active vitamin D forms:	Calcium supplement
Above upper limit of normal (10.6 mg/dL)	Decrease or discontinue*	Decrease
Greater than 9 mg/dL and below the upper limit of normal (10.6 mg/dL)	Decrease or discontinue*	No change or decrease if active vitamin D has been discontinued
Less than or equal to 9 mg/dL and above 8 mg/dL	No change	No change
Lower than 8 mg/dL	Increase	Increase
* Discontinue in patients receiving the lowest available dose Continue with dose adjustments until target calcium levels are within the lower half of the normal range (8-9 mg/dL), active vitamin D has been discontinued and calcium supplementation is sufficient to meet daily requirements		

Resources:

Natpara (parathyroid hormone) product information, revised by Shire – NPS Pharmaceuticals, Inc. 07-2020. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed on April 16, 2021.

Glotzman D. Hypoparathyroidism. In: UpToDate, Rosen CJ, Wolfsdorf JI, Mulder JE (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Accessed on April 23, 2021.

Glotzman D. Treatment of hypocalcemia. In: UpToDate, Rosen CJ, Mulder JE (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Accessed on April 23, 2021.

Dawson-Hughes B. Vitamin D deficiency in adults: Definition, clinical manifestations, and treatment. In: UpToDate, Drezner ML, Rosen CJ, Mulder JE (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Accessed on April 23, 2021.

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