

## Parathyroid hormone (Natpara®)

### Place of Service

Office Administration  
Outpatient Facility Administration  
Infusion Center Administration  
Home Infusion Administration  
Self-Administration

HCPCS: J3490

### **NDCs:**

- 2 cartridges of 25 mcg/dose strength (NDC 68875-0202-2)
- 2 cartridges of 50 mcg/dose strength (NDC 68875-0203-2)
- 2 cartridges of 75 mcg/dose strength (NDC 68875-0204-2)
- 2 cartridges of 100 mcg/dose strength (NDC 68875-0205-2)

### Condition listed in policy (see criteria for details)

- [Hypocalcemia in patients with hypoparathyroidism](#)

AHFS therapeutic class: Parathyroid Agents

Mechanism of action: Parathyroid hormone

### **(1) Special Instructions and pertinent Information**

**This drug is managed under the outpatient Pharmacy Benefit for self-administration.** Please contact the member's Pharmacy Benefit for information on how to obtain this drug.

**To submit a request to the Medical Benefit,** please submit clinical information for prior authorization review and include medical rationale why the patient cannot self-administer this drug in the home.

**For plans with self-injectables only covered under the Medical Benefit,** please submit clinical information for prior authorization review.

### **(2) Prior Authorization/Medical Review is required for the following condition(s)**

**All requests for Natpara® (parathyroid hormone) must be sent for clinical review and receive authorization prior to drug administration or claim payment.**

### Hypocalcemia in patients with hypoparathyroidism

1. Patient is 18 years or older, **AND**
2. Natpara will be used as an adjunct to calcium and Vitamin D, **AND**
3. Patient is unable to achieve target serum calcium level (8 to 9 mg/dL) with maximally tolerated doses of oral calcium and vitamin D analogs alone

### **Covered Doses**

Up to 100 mcg SC daily

**Coverage Period**

Indefinitely

**ICD-10:**

E20

**(3) The following condition(s) DO NOT require Prior Authorization/Preservice**

All requests for Natpara® (parathyroid hormone) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

**(4) This Medication is NOT medically necessary for the following condition(s)**

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

**(5) Additional Information**How supplied:

- The medication cartridge contains a multiple-dose, dual-chamber glass cartridge containing a sterile lyophilized powder and a sterile diluent, within a plastic cartridge holder
- Each cartridge contains 14 doses
- Four available dosage strengths: 25 mcg/dose, 50 mcg/dose, 75 mcg/dose, 100 mcg/dose

The disposable Natpara medication cartridge is designed for use with a reusable mixing device for product reconstitution and a reusable Q-Cliq pen injector for drug delivery. The Q-Cliq pen is designed to deliver a fixed volumetric dose of 71.4 µL. Using the Q-Cliq pen, each Natpara medication cartridge delivers 14 doses.

**(6) References**

- AHFS®. Available by subscription at <http://www.lexi.com>
- Brandi ML, Bilezikian JP, Shoback D, et al. Management of Hypoparathyroidism: Summary Statement and Guidelines. J Clin Endocrinol Metab. 2016;101(6):2273-83.
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- Natpara® (parathyroid hormone) [Prescribing information]. Lexington, MA: Shire-NPS Pharmaceuticals, Inc.; 7/2020.

**(7) Policy Update**

Date of last review: 4Q2022

Date of next review: 4Q2023

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity  
Reviewed by P&T Committee*