

Priority Health Medicare Prior Authorization Criteria (Part D)

Natpara®

Products affected

- Natpara®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Must have two consecutive calcium levels less than 8.9
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	N/A