



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Sensipar (cinacalcet)

Phone: 800-728-7947 Fax back to: 866-880-4532

The Scott & White Health Plan Pharmacy Department manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. Please note any information left blank or illegible may delay the review process.

Form with fields for Patient Name, Member/Subscriber Number, Date of Birth, Group Number, Address, City, State ZIP, Primary Phone, Prescriber Name, Supervising Physician, Fax, Office Contact, NPI, Address, City, State ZIP, Specialty/facility name, Phone, State Lic ID.

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. What is the patient's diagnosis?

- Hypercalcemia in patients with parathyroid carcinoma
Hypercalcemia in patients with primary hyperparathyroidism
Hypercalcemia in renal transplant patients with persistent hyperparathyroidism
Secondary hyperparathyroidism in patients with chronic kidney disease (CKD) stage 5 on dialysis
Secondary hyperparathyroidism in patients with CKD stage 3 or 4 not on dialysis
Other (please specify)

Q2. Please provide ICD code(s) for diagnosis

Q3. Is the patient a new start to therapy?

- Yes No (please provide start date)

Q4. Does the patient have failure of an adequate trial to any of the following? Please select all that apply.

- Calcitriol
Paricalcitol
Vitamin D
Other (please specify)



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Patient Name: Prescriber Name: Supervising Physician:

None of the above
Q5. Does the patient have contraindication or clinically significant intolerance to the following? Please specify and select all that apply.
Calcitriol
Paricalcitol
Vitamin D
Other (please specify)
None of the above
Q6. Additional Comments:

Prescriber Signature Date

Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to a SWHP pharmacist or medical director at 1-800-728-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.

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