Drug Coverage Policy

Effective Date……07/15/2026
Coverage Policy Number……IP0177
Policy Title…… Natpara

Hypoparathyroidism - Natpara

- Natpara® (parathyroid hormone subcutaneous injection – Shire-NPS/Takeda)

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

OVERVIEW

Natpara, a replica of the endogenous parathyroid hormone, is indicated as an adjunct to calcium and vitamin D to control hypocalcemia in patients with **hypoparathyroidism**.[1]

Limitations of Use: Due to the potential risk of osteosarcoma, Natpara is recommended only for patients who cannot be well-controlled on calcium supplements and active forms of vitamin D alone.[1] Natpara was not studied in patients with hypoparathyroidism caused by calcium-sensing receptor mutations; and Natpara was not studied in patients with acute post-surgical hypoparathyroidism.

Before initiating and during therapy with Natpara, 25-hydroxyvitamin D stores should be sufficient.[1] In addition, before initiating Natpara, serum calcium concentration should be > 7.5 mg/dL In the pivotal study, a responder to Natpara therapy was defined as an individual who had: ≥ 50% reduction from baseline in the dose of active vitamin D, ≥ 50% reduction from baseline in the dose of oral calcium supplementation, and an albumin-corrected total serum calcium concentration between 7.5 mg/dL and 10.6 mg/dL.

Natpara has a Boxed Warning about the potential risk of osteosarcoma.[1] Parathyroid hormone has been shown to increase the incidence of osteosarcoma in male and female rats; the risk was dependent on dose and treatment duration. A risk to humans could not be excluded. Natpara is available only through a restricted Risk Evaluation and Mitigation Strategy (REMS) program; only certified healthcare providers can prescribe and only certified pharmacies can dispense Natpara.

Note: Natpara continues to be unavailable except for select patients through a Special Use Program. On October 3, 2022, the manufacturer (Takeda) released a statement that it will discontinue manufacturing Natpara globally at the end of 2024 due to unresolved supply issues.[2] Takeda will not re-commercialized Natpara in the US (or globally). Beyond 2024, Takeda intends to supply available doses until inventory is depleted or expired.[2]

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POLICY STATEMENT
Prior Authorization is required for benefit coverage of Natpara. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Natpara as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Natpara to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Natpara is considered medically necessary when the following criteria are met:

FDA-Approved Indication

1. **Chronic Hypoparathyroidism.** Approve for 1 year if the patient meets ONE of the following conditions (A or B):
   - **A)** Initial Therapy. Approve if the patient meets ALL of the following criteria (i, ii, iii, and iv):
     - **i.** Patient cannot be well-controlled on calcium supplements and active forms of vitamin D alone; AND
     - **ii.** Patient's 25-hydroxyvitamin D stores are sufficient (before initiating Natpara therapy) according to the prescriber; AND
     - **iii.** Patient's serum calcium concentration is > 7.5 mg/dL before initiating Natpara therapy; AND
     - **iv.** The medication is prescribed by or in consultation with an endocrinologist or a nephrologist; OR
   - **B)** Patient is Currently Receiving Natpara. Approve if the patient meets ALL of the following criteria (i, ii, and iii):

i. Patient cannot be well-controlled on calcium supplements and active forms of vitamin D alone; AND
ii. Patient's 25-hydroxyvitamin D stores are sufficient (during Natpara therapy) according to the prescriber; AND
iii. Patient is responding to Natpara therapy, according to the prescriber.
Note: Response to Natpara therapy include reduction in the patient's oral calcium dose; reduction in the patient's active vitamin D dose; maintenance of a stable albumin-corrected total serum calcium concentration.

Conditions Not Covered

Natpara for any other use is considered not medically necessary, including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Acute Post-Surgical Hypoparathyroidism.** Natpara was not studied in patients with acute post-surgical hypoparathyroidism.

2. **Hypoparathyroidism Caused by Calcium-Sensing Receptor Mutations.** Natpara was not studied in this patient population.

References

1. Natpara® subcutaneous injection [prescribing information]. Lexington MA: Shire-NPS/Takeda; February 2023.
2. Takeda will discontinue global manufacturing of Natpara® by the end of 2024. Available at: https://www.natpara.com/recall. Accessed on April 18, 2025.

Revision Details

Summary of Changes	Review Date	Effective Date
Policy Name Change: Updated Policy Name from "Parathyroid Hormone" to "Natpara." **Chronic Hypoparathyroidism - Initial Therapy and Patient is Currently Receiving Natpara:** Updated the criterion concerning the patient's 25-hydroxyvitamin D stores, to include the phrase "according to the prescriber."	05/23/2024	08/15/2024
Added Hypoparathyroidism to "Natpara" as a header to the policy. **Chronic Hypoparathyroidism:** A nephrologist was added as a physician type that counts toward the specialist requirement.	11/21/2024	01/15/2025
No criteria changes.	05/15/2025	06/15/2025
No criteria changes.	05/07/2026	07/15/2026

The policy effective date is in force until updated or retired.

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