

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Palopegteriparatide (Yorvipath)

Notes:

- Quantity Limits: Yes at 2 pens per 28 days
- ^ Adequate trial is defined as 12 weeks treatment duration

Initiation (new start) criteria: Non-formulary **palopegteriparatide (Yorvipath)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by an endocrinologist
- Patient has a diagnosis of hypoparathyroidism
- Patient is 18 years of age or older
- Patient has failed an adequate trial[^] of appropriate calcium supplement (at least elemental calcium 2000 mg per day) and calcitriol at least 2 mcg per day
- At therapy initiation, prescribed as an adjunct to calcium supplements and active forms of Vitamin D (e.g., calcitriol), unless contraindicated or clinically significant adverse events are experienced
- Albumin-corrected serum calcium level of 7.8 mg/dL or greater within last 30 days
- Serum 25-hydroxyvitamin D and magnesium levels within normal limits within last 30 days

Criteria for new members entering Kaiser Permanente, current Kaiser Permanente members already taking the medication who have not been reviewed previously, and continued use criteria for patients previously approved per the above criteria who are currently stable on the medication : Non-formulary **palopegteriparatide (Yorvipath)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by an endocrinologist
- Patient has a diagnosis of hypoparathyroidism
- Patient is 18 years of age or older
- Patient has failed an adequate trial[^] of appropriate calcium supplement (at least elemental calcium 2000 mg per day) and calcitriol at least 2 mcg per day
- Serum 25-hydroxyvitamin D, magnesium, and calcium levels within normal limits