

ALASKA MEDICAID  
Prior Authorization Criteria

**Yorvipath<sup>®</sup>**  
**(palopegteriparatide)**

**FDA INDICATIONS AND USAGE<sup>1</sup>**

Yorvipath is a parathyroid hormone analog (PTH(1-34)) indicated for the treatment of hypoparathyroidism in adults.

Limitations of use:

- Not studied for acute post-surgical hypoparathyroidism.
- Titration scheme only evaluated in adults who first achieved an albumin-corrected serum calcium of at least 7.8mg/dL using calcium and active vitamin D treatment.

**APPROVAL CRITERIA<sup>1,2,3,4</sup>**

1. Patient meets FDA labeled age **AND**;
2. Prescribed by or in consultation with an endocrinologist or nephrologist **AND**;
3. Patient has a diagnosis of hypoparathyroidism **AND**;
4. Patient baseline albumin-corrected serum calcium  $\geq 7.8$  utilizing calcium and active vitamin D supplementation **AND**;
5. Patient baseline vitamin D level above the lower limit of normal range **AND**;
6. Patient has a documented trial and inadequate response to appropriately dosed calcium and active vitamin D supplementation for a minimum of 12 weeks after Vit D levels restored to within normal limits **AND**;
7. Patient will continue calcium and vitamin D supplementation while Yorvipath is titrated to clinically appropriate dose.

**DENIAL CRITERIA<sup>1</sup>**

1. Failure to meet approval criteria **OR**;
2. Patient has acute post-surgical hypoparathyroidism **OR**;
3. Patient has achieved an albumin-adjusted serum calcium level  $\geq 8.3$ mg/dl on calcium and vitamin D supplementation prior to initiation of Yorvipath **OR**;
4. Patient has pseudohypoparathyroidism.

**CAUTIONS<sup>1</sup>**

- Use only one daily Yorvipath injection to achieve recommended dosing
- Serious hyper- and hypocalcemia have occurred with Yorvipath<sup>®</sup>. Monitor serum calcium levels within 7 to 10 days of initiation of Yorvipath and following any dose change. Continue to monitor levels periodically once maintenance dose is reached.
- Yorvipath is not recommended in patients with increased risk of osteosarcoma
- Monitor for signs and symptoms of orthostatic hypotension

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**DURATION OF APPROVAL**

- Initial Approval: up to 6 months
- Reauthorization: up to 12 months

**QUANTITY LIMIT**

- Two pens per month
- 30mcg per day

**REFERENCES / FOOTNOTES:**

1. Yorvipath (palopegteriparatide) [prescribing information]. Princeton, NJ: Ascendis Pharma; August 2024
2. A Trial Investigating the Safety, Tolerability and Efficacy of TransCon PTH Administered Daily in Adults with Hypoparathyroidism (PaTHway). ClinicalTrials.gov. NCT04701203
3. Rejnmark L, Gosmanova EO, Khan AA, et al. Palopegteriparatide Treatment Improves Renal Function in Adults with Chronic Hypoparathyroidism: 1-Year Results from the Phase 3 PaTHway Trial. Adv Ther. 2024 Jun;41(6):2500-2518.
4. Khan AA, Guyatt G, Ali DS, et al. Management of hypoparathyroidism. Journal of Bone and Mineral Research. 2020;37(12):2663-2677. DOI: 10.1002/jbmr.4716.