

**Louisiana Medicaid
Palopegteriparatide (Yorvipath®)**

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for palopegteriparatide (Yorvipath®).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available [HERE](#).

Approval Criteria for Initiation of Therapy

- The recipient is 18 years of age or older on the date of the request; **AND**
- The recipient has a diagnosis of hypoparathyroidism; **AND**
- **ONE** of the following:
 - The prescriber **states on the request** that the requested medication is prescribed as an adjunct to calcium supplements and active forms of vitamin D (e.g., calcitriol), unless contraindicated or clinically significant adverse effects are experienced; **OR**
 - The prescriber provides justification for not using adjunct therapy with calcium supplements and active forms of vitamin D (e.g., calcitriol); **AND**
- The prescriber submits documentation confirming **BOTH** of the following:
 - Recent (dated within the last 30 days) albumin-corrected serum calcium level ≥ 7.8 mg/dL; **AND**
 - Recent (dated within the last 30 days) lab result shows serum 25(OH) vitamin D is within the laboratory defined normal range (e.g., 30-100 ng/mL, 75-250 nmol/L).

Approval Criteria for Continuation of Therapy

- The prescriber **states on the request** that the recipient is established on the medication with evidence of a positive response to therapy as evidenced by, including but not limited to, improvement in any of the following parameters:
 - Albumin-corrected serum calcium in the normal range (e.g., 8.3 to 10.6 mg/dL); **OR**
 - Independence from conventional therapy (e.g., no active vitamin D and elemental calcium supplementation ≤ 600 mg/day).

Duration of approval for initiation and continuation of therapy: 6 months

Reference

Yorvipath (palopegteriparatide) [package insert]. Princeton, NJ: Ascendis Pharma Endocrinology, Inc; August 2024.

https://ascendispharma.us/products/pi/yorvipath/yorvipath_pi.pdf

Revision / Date	Implementation Date
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