



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Yorvipath

Page: 1 of 2

Effective Date: 3/23/2026

Last Review Date: 2/6/2026

Applies to: Illinois New Jersey Maryland
 Kentucky PRMD Florida Kids Pennsylvania Kids

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Yorvipath under the patient's prescription drug benefit.

Description:

FDA-Approved Indication

Yorvipath is indicated for the treatment of hypoparathyroidism in adults.

Limitations of Use:

- Yorvipath was not studied for acute post-surgical hypoparathyroidism
- Yorvipath's titration scheme was only evaluated in adults who first achieved an albumin-corrected serum calcium of at least 7.8 mg/dL using calcium and active vitamin D treatment

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Yorvipath

Policy/Guideline:

Documentation

Submission of the following information is necessary to initiate the prior authorization review:

A. Initial requests:

1. Lab results confirming serum 25-hydroxyvitamin D concentration is above the lower limit of normal laboratory range
2. Lab results confirming albumin-corrected serum calcium is greater than or equal to 7.8 mg/dL prior to initiating therapy with the requested medication
3. Chart notes, medical record documentation, or claims history supporting current use of calcium supplementation and active vitamin D therapy, including response to therapy
4. Lab results confirming serum magnesium level is within normal laboratory limits

B. Continuation requests:

1. Lab results confirming maintenance or normalization of calcium levels compared to baseline
2. Chart notes, medical record documentation, or claims history showing beneficial response to therapy



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Yorvipath

Page: 2 of 2

Effective Date: 3/23/2026

Last Review Date: 2/6/2026

Applies to: Illinois New Jersey Maryland
 Kentucky PRMD Florida Kids Pennsylvania Kids

Precrifer Specialties

This medication must be prescribed by or in consultation with an endocrinologist, nephrologist, or a physician specializing in the treatment of metabolic bone disorders.

Criteria for Initial Approval

Hypoparathyroidism

Authorization of 12 months may be granted for treatment of hypoparathyroidism in adult members when ALL the following criteria are met:

- Member has hypoparathyroidism for six months or more.
- Serum 25-hydroxyvitamin D concentration is above the lower limit of normal laboratory range.
- Albumin-corrected serum calcium level is greater than or equal to 7.8 mg/dL prior to initiating therapy with the requested medication.
- Member has an inadequate response to maximally tolerated calcium supplementation and active vitamin D therapy (e.g., calcitriol, alfacalcidol).
- Member will continue calcium supplementation and active vitamin D therapy while titrating to an appropriate dose of the requested medication.
- Serum magnesium level is within normal laboratory limits.

Criteria for Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in adult members requesting reauthorization for an indication listed in the coverage criteria and meets BOTH of the following criteria:

- Maintenance or normalization of albumin-corrected calcium levels from baseline.
- Member is experiencing benefit from therapy (e.g., reduction in calcium supplementation or active vitamin D therapy dose from baseline, independence from calcium supplementation or active vitamin D therapy).

Approval Duration and Quantity Restrictions:

Approval Duration: 12 months

Quantity Level Limit: 1 pack (2 pens) per 30 days.

Reference Formulary for drug specific quantity level limits

References:

1. Yorvipath [package insert]. Princeton, NJ: Ascendis Pharma Endocrinology, Inc.; August 2024.
2. Khan AA, Rubin MR, Schwarz P, et al. Efficacy and Safety of Parathyroid Hormone Replacement With TransCon PTH in Hypoparathyroidism: 26-Week Results From the Phase 3 PaTHway Trial. *J Bone Miner Res.* 2023;38(1):14-25.
3. Khan AA, Ali DS, Bilezikian JP, et al. Best practice recommendations for the diagnosis and management of hypoparathyroidism. *Metabolism.* 2025;171:156335. doi: 10.1016/j.metabol.2025.156335