

## Medical prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☒ **Commercial (Traditional)** ☒ **Commercial (Individual/Optimized)**

☒ **Medicaid**

This request is: ☐ **Urgent** (life threatening) ☐ **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

## Duopa<sup>®</sup> (levodopa and carbidopa enteral suspension)

### Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Requesting Physician: \_\_\_\_\_ Prov. Phone: \_\_\_\_\_ Prov. Fax: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Physician NPI: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Product and Billing Information

☐ New Request ☐ Continuation Request

Drug product: ☐ Duopa 4.63-20 mg/mL **Start date** (or date of next dose): \_\_\_\_\_

**Date of last dose** (if applicable): \_\_\_\_\_

**Dosing frequency:** \_\_\_\_\_

Place of administration: ☐ Physician's office

☐ Outpatient infusion

Facility: \_\_\_\_\_ NPI: \_\_\_\_\_ Fax: \_\_\_\_\_

☐ Home infusion

Agency: \_\_\_\_\_ NPI: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing: ☐ Physician to buy and bill

☐ Facility to buy and bill

☐ Specialty Pharmacy

Pharmacy: \_\_\_\_\_ NPI: \_\_\_\_\_ Fax: \_\_\_\_\_

ICD-10 Diagnosis code(s): \_\_\_\_\_

### Precertification Requirements

Before this drug is covered, the patient must meet all the following requirements:

1. Must be used for treatment of advanced Parkinson's disease
2. Patient is levodopa-responsive with clearly defined "on" periods.
3. Patient is experiencing acute, intermittent hypomobility (defined as "off" episodes characterized by muscle stiffness, slow movements, or difficulty starting movements).
4. Patient is receiving optimal carbidopa/levodopa containing therapy (e.g., has tried extended-release and multiple daily dosing).

5. Therapeutic trial and failure of, or contraindication to, adjunctive therapy with at least one medication in each of the drug classes listed below:
  - a. Dopamine agonist (e.g. pramipexole, ropinirole).
  - b. Monoamine oxidase (MAO) type-B inhibitor (e.g. rasagiline, selegiline).
  - c. Catechol-O-methyl transferase (COMT) inhibitor (e.g. entacapone).
6. Must be prescribed by, or in consultation with, a neurologist.
7. Has undergone or has planned placement of a procedurally-placed tube.

**For continued coverage, patient must have met the following requirements:**

1. Documentation of positive clinical response to Duopa therapy.

**Note:** Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

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**Priority Health Precertification Documentation**

**A. What condition is this drug being requested for?**

- ☐ Parkinson's disease
- ☐ Other – rationale for use: \_\_\_\_\_

**B. Which of the following drugs has the patient tried?**

- ☐ carbidopa-levodopa (Sinemet)
- ☐ carbidopa-levodopa extended-release (Sinemet CR)

COMT inhibitors

- ☐ carbidopa/levodopa/entacapone (Stalevo)
- ☐ entacapone (Comtan)
- ☐ tolcapone (Tasmar)

Dopamine agonists

- ☐ bromocriptine (Parlodel)
- ☐ cabergoline (Dostinex)
- ☐ Neupro
- ☐ pramipexole (Mirapex)
- ☐ pramipexole extended-release (Mirapex ER)
- ☐ ropinirole (Requip)
- ☐ ropinirole (Requip XL)

MAO-B inhibitors

- ☐ Azilect
- ☐ selegiline (Eldepryl)
- ☐ Zelapar

Other anti-parkinsonism drugs

- ☐ trihexyphenidyl (Artane)
- ☐ other: \_\_\_\_\_
- ☐ other: \_\_\_\_\_
- ☐ other: \_\_\_\_\_