

# 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

Facility: \_\_\_\_\_ 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 of the following requirements:

1. Must be used for treatment of Parkinson's disease
2. Must first try three other drug therapies, including:
  - a. any oral carbidopa-levodopa formulation,
  - b. a dopamine agonist, *and*
  - c. one drug from another antiparkinsonian drug class, such as COMT inhibitors or MAO-B inhibitors

**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: \_\_\_\_\_