



### Parkinsons Disease

Duopa (carbidopa-levodopa) J7340 is the non-preferred product. The preferred products are Part D carbidopa/levodopa alternatives. (See Part D formulary, no PA required for these drugs) Prior Authorization Step Therapy Request Medicare Part B Form

Instructions: \* Indicates required information – Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.

<input type="checkbox"/>	<b>Standard Request– (72 Hours)</b>	<input type="checkbox"/>	<b>Urgent Request</b> (standard time frame could place the member's life, health or ability in serious jeopardy)
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Date Requested \_\_\_\_\_

Requestor \_\_\_\_\_ Clinic name: \_\_\_\_\_ Phone \_\_\_\_\_ / Fax \_\_\_\_\_

**MEMBER INFORMATION**

\*Name: \_\_\_\_\_ \*ID#: \_\_\_\_\_ \*DOB: \_\_\_\_\_

**PRESCRIBER INFORMATION**

\*Name: \_\_\_\_\_ MD FNP DO NP PA \*Phone: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*Fax: \_\_\_\_\_

**DISPENSING PROVIDER / ADMINISTRATION INFORMATION**

\*Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**PROCEDURE / PRODUCT INFORMATION**

HCP Code	Name of Drug	Dose (Wt: _____ kg Ht: _____ )	Frequency	End Date if known

Self-administered       Provider-administered       Home Infusion

Chart notes attached. **Other important information:** \_\_\_\_\_

**Diagnosis: ICD10:** \_\_\_\_\_ **Description:** \_\_\_\_\_

Provider attests the diagnosis provided is an FDA-Approved indication for this drug

**NEW START OR INITIAL REQUEST: (Clinical documentation required for all requests)**

- Patient has a diagnosis of advanced Parkinson's disease (PD) with complicated motor fluctuations;
- Patient is using via a percutaneous endoscopic gastrostomy with jejunal tube (PEG-J) or naso-jejunal tube;
- Documentation is provided that symptoms have not been adequately controlled with optimal medical therapy which includes the following:
  - Oral levodopa-carbidopa; AND
  - Dopamine agonists; AND
  - ONE agent from the following classes:
    - Catechol-O-methyl transferase (COMT) inhibitor; OR
    - Monoamine oxidase B (MAO B) inhibitor; OR
    - Adenosine receptor antagonist (Nourianz).

- Duopa (carbidopa and levodopa enteral suspension) may **NOT** be approved for the following:
  - Patient is receiving a nonselective MAO inhibitor (including but not limited to phenelzine or tranylcypromine);
  - Patient has a diagnosis of atypical PD or secondary PD;

**Continuation Requests: (Clinical documentation required for all requests)**

- Patient had an adequate response or significant improvement while on this medication.

If not, please provide clinical rationale for continuing this medication: \_\_\_\_\_

\_\_\_\_\_

**ACKNOWLEDGEMENT**

**Request By (Signature Required):** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT.** PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.

## Prior Authorization Group – Parkinsons Disease Drug PA

### Drug Name(s):

DUOPA

CARBIDOPA/LEVODOPA

### Criteria for approval of Non-Formulary/Preferred Drug:

1. Prescribed for an approved FDA diagnosis (as listed below):
2. Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.
  - If the member meets all these criteria, they may be approved by the Plan for the requested drug.
  - Quantity limits and Tiering will be determined by the Plan.

### Exclusion Criteria:

N/A

### Prescriber Restrictions:

N/A

### Coverage Duration:

Approvals will be approved for 12 months

### FDA Indications:

Duopa

- Parkinson's disease
- Parkinsonism

### Off-Label Uses:

N/A

### Age Restrictions:

Safety and efficacy not established in pediatric patients

### Other Clinical Consideration:

N/A

### Resources:

[https://www.micromedexsolutions.com/micromedex2/librarian/CS/F76D79/ND\\_PR/evidencexpert/ND\\_P/evidencexpert/DUPLICATIONSHIELDSYNC/782992/ND\\_PG/evidencexpert/ND\\_B/evidencexpert/ND\\_AppProduct/evidencexpert/ND\\_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=108000&contentSetId=100&title=Carbidopa%2FLevodopa&servicesTitle=Carbidopa%2FLevodopa&brandName=Duopa&UserMdxSearchTerm=Duopa&=null#](https://www.micromedexsolutions.com/micromedex2/librarian/CS/F76D79/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/782992/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=108000&contentSetId=100&title=Carbidopa%2FLevodopa&servicesTitle=Carbidopa%2FLevodopa&brandName=Duopa&UserMdxSearchTerm=Duopa&=null#)