SENTARA COMMUNITY PLAN
(MEDICAID)

MEDICAL PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-844-305-2331**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If information provided is not complete, correct, or legible, authorization can be delayed**.

Drug Requested: Duopa (carbidopa and levodopa enteral suspension) **(J7340) (Medical)**

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: ____

Member Sentara #: ______________________________ **Date of Birth:** ____________

Prescriber Name: ____

Prescriber Signature: ______________________________ **Date:** ____________

Office Contact Name: ____

Phone Number: ______________________________ **Fax Number:** ____________________

DEA OR NPI #: ____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: ____

Dosing Schedule: ______________________________ **Length of Therapy**: ____________________

Diagnosis: ______________________________ **ICD Code, if applicable:** ____________________

Weight: ______________________________ **Date:** ______________________________

❑ Standard Review. In checking this box, the timeframe does not jeopardize the life or health of the member or the member's ability to regain maximum function and would not subject the member to severe pain.

Quantity Limit (max daily dose) [NDC Unit]: 4 patches (120 billable units) every 90 days

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Initial Authorization: 12 months

- ❑ Member is 18 years of age or older
- ❑ Member has a diagnosis of advanced Parkinson's disease (PD) with complicated motor fluctuations
- ❑ Member does **NOT** have a diagnosis of atypical PD or secondary PD

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- ❑ Requested medication will be administered via a percutaneous endoscopic gastrostomy with jejunal tube (PEG-J) or naso-jejunal tube
- ❑ Provider has submitted documentation which confirm member's symptoms have **NOT** been adequately controlled with optimal medical therapy using **ALL** the following agents:
  - ❑ Oral carbidopa-levodopa
  - ❑ Dopamine agonist (e.g., Apokyn®, Kynmobi™, Neupro®, pramipexole, ropinirole)
  - ❑ **ONE** agent from any of the following classes:
    - ❑ Catechol-0-methyl transferase (COMT) inhibitor (e.g., entacapone, Ongentys®, tolcapone)
    - ❑ Monoamine oxidase B (MAO-B) inhibitor (e.g., rasagiline, selegiline, Xadago®)
    - ❑ Adenosine receptor antagonist (e.g., Nourianz®)
- ❑ Member is **NOT** currently taking a nonselective MAO inhibitor (such as phenelzine or tranylcypromine)

Reauthorization: 12 months. Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- ❑ Member continues to meet all initial authorization criteria
- ❑ Provider has submitted documentation which confirms member has experienced clinically significant improvement or stabilization in clinical signs and symptoms of disease

Medication being provided by (check applicable box(es) below):

❑ **Physician's office** **OR** ❑ **Specialty Pharmacy – PropriumRx**

For urgent reviews: Practitioner should call Sentara Health Pre-Authorization Department if they believe a standard review would subject the member to adverse health consequences. Sentara Health's definition of urgent is a lack of treatment that could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

*****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****

***Approved by Pharmacy and Therapeutics Committee: 5/25/2023**
REVISED/UPDATED/REFORMATTED: 7/18/2023