



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Apokyn

Phone: 215-991-4300

Fax back to: 866-240-3712

Health Partners Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL DELAY the review process.

Form with fields: Patient Name, Prescriber Name, HPP Member Number, Date of Birth, Patient Primary Phone, Address, City, State ZIP, Line of Business, Drug Name, Quantity, Directions, Diagnosis Code, Diagnosis.

HPP's maximum approval time is 12 months but may be less depending on the drug.

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Q1. Does the patient have a diagnosis of advance Parkinson's Disease (PD) with documented hypomobility "off" episodes ("end-of-dose wearing off" and unpredictable "on/off" episodes) (documentation must be attached)?

Yes No

Q2. Is the medication being prescribed in consultation with a specialist (who specializes in the treatment of PD or a neurologist)?

Yes No

Q3. Does the patient have a history of therapeutic failure, a contraindication to or intolerance of the preferred Antiparkinson's agents (such as carbidopa-levodopa, pramipexole, ropinirole, bromocriptine, amantadine, selegiline, trihexyphenidyl, bntropine, orphenadrine ER, tolcapone)

Yes No

Q4. Will the initial "test" dose be given under medical supervision?

Yes No

Q5. Will the medication ONLY be given via subcutaneous route of administration?

Yes No

Q6. Will trimethobenzamide be started 3 days prior to the initial dose of Apokyn, and continue as long as necessary to control nausea and vomiting (generally no longer than 2 months)?

Yes No

Q7. Will this medicine be administered with 5HT3 antagonists (such as ondansetron) to control nausea?

This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party.



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Patient Name: Prescriber Name:

Form containing 18 questions (Q8-Q17) with Yes/No checkboxes and an Additional Information section (Q18).

Prescriber Signature Date



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| Patient Name: | Prescriber Name: |
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Updated for 2020