

Apomorphine (Apokyn) Prior Authorization Form



Physicians Plus
INSURANCE CORPORATION

START HERE

**Member &
Prescriber
Information**

| | |
|-----------------------|-----------------------|
| Member Name: | Prescriber Name: |
| | Prescriber Specialty: |
| Member Date of Birth: | Prescriber Phone #: |
| Member ID #: | Prescriber Fax #: |

Criteria

A. Indicate the dose:

- Apomorphine (Apokyn) 10mg/mL 3.0 mL Vials DOSE: _____ ml every ____ hours as needed
- Total monthly volume requirement: _____ ml/month
- There is a quantity of 90ml (900 mg per month), greater quantities require explanation via the prior authorization procedure.

B. Indicate what specialty pharmacy will be dispensing the medication below:

- | | | |
|---|---|---|
| <input type="checkbox"/> Priority Healthcare Phone: 888-927-6596 Fax: 888-704-3603 | <input type="checkbox"/> Priority Healthcare Phone: 866-898-0104 Fax: 866-898-0069 | <input type="checkbox"/> Priority Healthcare Phone: 800-238-7828 Fax: 877-287-7226 |
|---|---|---|

- C.** Prescribed by a Neurologist **OR** Neurology dictation submitted

D. Indicate Diagnosis:

- Advanced Parkinson's Disease with hypomobility "off-time" of at least 2 hours per day
- Other _____

E. Using a check mark, indicate this member's past and present medication:

| | Current Medication | Past Trial Failed | Not Clinically Appropriate | Additional comments: _____ _____ _____ _____ _____ _____ |
|---------------------------------|--------------------|-------------------|----------------------------|---|
| Amantadine (Symmetrel) | | | | |
| Entacapone (Comtan) | | | | |
| Levodopa (Sinemet) | | | | |
| Levodopa/Carbidopa (Sinemet CR) | | | | |
| Pergolide (Permax) | | | | |
| Pramipexole (Mirapex) | | | | |
| Ropinerole (Requip) | | | | |
| Selegiline (Eldepryl) | | | | |
| Tolcapone (Tasmar) | | | | |

**Sign/Date &
Mail or Fax**

Prescriber Signature: _____ Date: _____

Prescriber NPI: _____

Mailing Address

Physicians Plus Insurance Corporation
Attn: Pharmacy Services
P.O. Box 2078
Madison WI 53701-2078

Physicians Plus Pharmacy Services Fax:

(608) 258-1905

Prior Authorization Questions?

(608) 260-7803 or (800) 545-5015 (ext. 7803)

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