



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIPARKINSON AGENTS' PA SUMMARY**

Preferred	Non-Preferred
Amantadine IR generic	Apokyn (apomorphine injection)
Benzotropine generic	Azilect (rasagiline) - <i>PA not required</i>
Bromocriptine generic	Carbidopa/levodopa ODT generic
Carbidopa generic	Gocovri (amantadine ER)
Carbidopa/levodopa generic	Inbrija (levodopa inhalation powder)
Carbidopa/levodopa ER/SR generic	Kynmobi (apomorphine sublingual film)
Carbidopa/levodopa/entacapone generic	Mirapex ER (pramipexole ER)
Entacapone generic	Neupro (rotigotine transdermal system)
Pramipexole IR generic	Nourianz (istradefylline)
Ropinirole IR generic	Ongentys (oicapone)
Selegiline capsules and tablets generic	Pramipexole ER generic
Trihexyphenidyl generic	Ropinirole ER generic
	Rytary (carbidopa-levodopa ER)
	Tolcapone generic
	Xadago (safinamide)
	Zelapar (selegiline ODT)

IR=immediate-release; ER=extended-release; ODT=orally disintegrating tablet

LENGTH OF AUTHORIZATION: Varies

NOTES:

- If pramipexole ER generic is approved, the PA will be issued for brand Mirapex ER.

PA CRITERIA:

Apokyn and Kynmobi

- ❖ Approvable for members 18 years of age and older with a diagnosis of Parkinson's disease (PD) who are currently taking levodopa/carbidopa-based therapy and are experiencing OFF episodes despite prescriber attempts to adjust the carbidopa/levodopa dose and/or formulation in order to manage symptoms

AND

- ❖ Member must have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least one medication from the three following classes: dopamine agonists (pramipexole, ropinirole), catechol-o-methyl transferase (COMT) inhibitors (entacapone, tolcapone) and monoamine oxidase B (MAO-B) inhibitors (rasagiline, selegiline)

AND

- ❖ The initial dose must be administered in a setting where a healthcare provider can measure blood pressure and pulse.
- ❖ In addition for Apokyn, prescriber must submit a written letter of medical necessity stating the reasons Kynmobi and Inbrija are not appropriate for the member.



Carbidopa/Levodopa ODT Generic

- ❖ Approvable for members with a diagnosis of Parkinson's disease (PD) or parkinsonism who are unable to swallow solid oral dosage formulations of medication.

Gocovri

- ❖ Approvable for members 18 years of age and older with a diagnosis of dyskinesia associated with Parkinson's disease (PD) who are currently taking levodopa-based therapy and have tried a maximum tolerated dose of amantadine immediate-release (up to 400 mg/day) and are still experiencing dyskinesia.
- ❖ Approvable for members 18 years of age and older with a diagnosis of Parkinson's disease (PD) who are who are currently taking levodopa/carbidopa-based therapy and are experiencing OFF episodes despite prescriber attempts to adjust the carbidopa/levodopa dose and/or formulation in order to manage symptoms and member must have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least one medication from the three following classes: dopamine agonists (pramipexole, ropinirole), catechol-o-methyl transferase (COMT) inhibitors (entacapone, tolcapone) and monoamine oxidase B (MAO-B) inhibitors (rasagiline, selegiline).

Inbrija

- ❖ Approvable for members 18 years of age or older with a diagnosis of Parkinson's disease (PD) who are who are currently taking levodopa/carbidopa-based therapy and are experiencing OFF episodes despite prescriber attempts to adjust the carbidopa/levodopa dose and/or formulation in order to manage symptoms

AND

- ❖ Member must have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least one medication from the three following classes: dopamine agonists (pramipexole, ropinirole), catechol-o-methyl transferase (COMT) inhibitors (entacapone, tolcapone) and monoamine oxidase B (MAO-B) inhibitors (rasagiline, selegiline) as well as to Kynmobi.

Mirapex ER

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic pramipexole immediate-release tablets, is not appropriate for the member.

Neupro

- ❖ Approvable for members 18 years of age or older with a diagnosis of Parkinson's disease (PD) or moderate to severe restless legs syndrome (RLS) who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to pramipexole and ropinirole or who are unable to swallow solid oral dosage formulations of medication (tablets/capsules).

Nourianz and Xadago

- ❖ Approvable for members 18 years of age and older with a diagnosis of Parkinson's disease (PD) who are who are currently taking levodopa/carbidopa-based therapy and are experiencing OFF episodes despite prescriber attempts to adjust the carbidopa/levodopa dose and/or formulation in order to manage symptoms

AND



- ❖ Member must have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least one medication from the three following classes: dopamine agonists (pramipexole, ropinirole), catechol-o-methyl transferase (COMT) inhibitors (entacapone, tolcapone) and monoamine oxidase B (MAO-B) inhibitors (rasagiline, selegiline).

Ongentys

- ❖ Approvable for members 18 years of age and older with a diagnosis of Parkinson's disease (PD) who are currently taking levodopa/carbidopa-based therapy and are experiencing OFF episodes despite prescriber attempts to adjust the carbidopa/levodopa dose and/or formulation in order to manage symptoms

AND

- ❖ Member must have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least one medication from the three following classes: dopamine agonists (pramipexole, ropinirole), catechol-o-methyl transferase (COMT) inhibitors (must contain entacapone) and monoamine oxidase B (MAO-B) inhibitors (rasagiline, selegiline)

Pramipexole ER Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic pramipexole immediate-release tablets, as well as brand Mirapex ER are not appropriate for the member.

Ropinirole ER Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic ropinirole immediate-release tablets, as well as brand Requip XL are not appropriate for the member.

Rytary

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic carbidopa/levodopa ER/SR, is not appropriate for the member.

Tolcapone

- ❖ For members 18 years of age or older with a diagnosis of Parkinson's disease (PD) who are currently taking levodopa/carbidopa-based therapy and are experiencing OFF episodes despite prescriber attempts to adjust the carbidopa/levodopa dose and/or formulation in order to manage symptoms, prescriber must submit a written letter of medical necessity stating the reasons all other adjunct therapies, including entacapone, are not appropriate for the member.

Zelapar

- ❖ Approvable for members 18 years of age or older with a diagnosis of Parkinson's disease who are currently taking levodopa/carbidopa-based therapy and are experiencing OFF episodes despite prescriber attempts to adjust the carbidopa/levodopa dose and/or formulation in order to manage symptoms

AND

- ❖ Member must be unable to swallow solid oral dosage formulations of medication (tablets/capsules). Otherwise, prescriber must submit a written letter of medical necessity



stating the reasons the preferred product, generic selegiline, is not appropriate for the member.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.