GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIPARKINSON AGENTS’ PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amantadine IR generic</td>
<td>Apokyn (apomorphine injection)</td>
</tr>
<tr>
<td>Benztropine generic</td>
<td>Azilect (rasagiline) - PA not required</td>
</tr>
<tr>
<td>Bromocriptine generic</td>
<td>Carbipoda/levodopa ODT generic</td>
</tr>
<tr>
<td>Carbidopa generic</td>
<td>Gocovri (amantadine ER)</td>
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<tr>
<td>Carbidopa/levodopa generic</td>
<td>Inbria (levodopa inhalation powder)</td>
</tr>
<tr>
<td>Carbidopa/levodopa ER/SR generic</td>
<td>Kynmobi (apomorphine sublingual film)</td>
</tr>
<tr>
<td>Carbidopa/levodopa/entacapone generic</td>
<td>Mirapex ER (pramipexole ER)</td>
</tr>
<tr>
<td>Entacapone generic</td>
<td>Neupro (rotigotine transdermal system)</td>
</tr>
<tr>
<td>Pramipexole IR generic</td>
<td>Nourianz (istradefylline)</td>
</tr>
<tr>
<td>Ropinirole IR generic</td>
<td>Ongentys (ticapone)</td>
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<tr>
<td>Selegiline capsules and tablets generic</td>
<td>Pramipexole ER generic</td>
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<tr>
<td>Trihexyphenidyl generic</td>
<td>Ropinirole ER generic</td>
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<td></td>
<td>Rytary (carbidopa-levodopa ER)</td>
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<td></td>
<td>Tolcapone generic</td>
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<td></td>
<td>Xadago (savinamide)</td>
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<td>Zelapar (selegiline ODT)</td>
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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 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 (rasagilin, 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 Inbria 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

Revised 7/1/2021
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 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

**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](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](http://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](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on Other Documents, then select the most recent quarters QLL list.