



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

| Preferred | Non-Preferred |
|---|--|
| Apokyn (apomorphine) | Azilect (rasagiline) - <i>PA not required</i> |
| Bromocriptine generic | Carbidopa/levodopa/entacapone generic |
| Carbidopa generic | Carbidopa/levodopa orally disintegrating tablets (ODT) generic |
| Carbidopa/levodopa generic | Entacapone generic |
| Carbidopa/levodopa ER/SR generic | Mirapex ER (pramipexole extended-release [ER]) |
| Comtan (entacapone) | Pramipexole ER generic |
| Pramipexole immediate-release generic | Requip XL (ropinirole ER) |
| Ropinirole IR generic | Ropinirole ER generic |
| Selegiline capsules and tablets generic | Rytary (carbidopa-levodopa CR) |
| Stalevo (carbidopa/levodopa/entacapone) | Tolcapone generic |
| Tasmar (tolcapone) | Zelapar (selegiline orally disintegrating tablets) |

LENGTH OF AUTHORIZATION: 1 Year

NOTE: If ropinirole ER generic is approved, the PA will be issued for brand Requip XL. If pramipexole ER generic is approved, the PA will be issued for brand Mirapex ER.

PA CRITERIA:

Carbidopa/Levodopa/Entacapone Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Stalevo, is not appropriate for the member.

Carbidopa/Levodopa ODT Generic

- ❖ Approvable for members with a diagnosis of Parkinsonism who are unable to swallow solid oral dosage forms of medication (tablets/capsules).

Entacapone Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Comtan, is not appropriate for the member.

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.



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.

Requip XL

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic ropinirole immediate-release tablets, is 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

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Tasmar, is not appropriate for the member.

Zelapar

- ❖ Approvable for the diagnosis of Parkinson's Disease for members currently taking levodopa/carbidopa who are experiencing a deterioration in response to therapy

AND

- ❖ Member must be unable to swallow solid oral dosage forms of medication (tablets/capsules). Otherwise, physician 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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.