

# AvMed

## PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST\*

**Directions:** The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-305-671-0200.** No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

### Antiparkinson Agents

#### **Drug Requested:** (Select applicable drug below)

<input type="checkbox"/> <b>carbidopa-levodopa ER capsules</b> (Rytary ABA)	<input type="checkbox"/> <b>Nourianz™</b> (istradefylline tablets)
<input type="checkbox"/> <b>Crexont®</b> (carbidopa-levodopa ER capsules)	<input type="checkbox"/> <b>Ongentys®</b> (opicapone capsules)
<input type="checkbox"/> <b>Inbrija™</b> (levodopa inhalation powder)	<input type="checkbox"/> <b>tolcapone</b> (Tasmar) <b>tablets</b>
<input type="checkbox"/> <b>Lodosyn®</b> (carbidopa tablets)	<input type="checkbox"/> <b>Rytary®</b> (carbidopa-levodopa ER capsules)
<input type="checkbox"/> <b>Neupro®</b> (rotigotine transdermal system)	<input type="checkbox"/> <b>Xadago™</b> (safinamide tablets)

**MEMBER & PRESCRIBER INFORMATION:** Authorization may be delayed if incomplete.

Member Name: \_\_\_\_\_

Member AvMed #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

NPI #: \_\_\_\_\_

**DRUG INFORMATION:** Authorization may be delayed if incomplete.

Drug Name/Form/Strength: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_ Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code, if applicable: \_\_\_\_\_

Weight (if applicable): \_\_\_\_\_ Date weight obtained: \_\_\_\_\_

#### **Recommended Dosage:**

- **Crexont®:** Oral: Initial: Carbidopa 35 mg/levodopa 140 mg twice daily for 3 days; may increase dose gradually up to a maximum of carbidopa 525 mg/levodopa 2.1 g per day, in up to 4 divided doses, Maximum quantity limit: 6 capsules per day (all strengths).
- **Inbrija™:** Oral inhalation: 84 mg up to 5 times daily as needed when symptoms of an OFF period return up to a maximum of 84 mg/dose and 420 mg/day. Maximum quantity limit: 10 capsules per day.

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- **Lodosyn®**: Oral: Initial: 25 mg daily with first daily dose of carbidopa/levodopa; if necessary, 12.5 to 25 mg may be given with each subsequent dose of carbidopa/levodopa. Maximum quantity limit: 8 tablets per day.
- **Neupro®**: *Early-stage Parkinson Disease*: Transdermal: Initial: Apply 2 mg/24 hours patch once daily; may increase daily dose by 2 mg/24 hours weekly based on clinical response and tolerability. Maximum: 6 mg/24 hours.

*Advanced-stage Parkinson Disease*: Transdermal: Initial: Apply 4 mg/24 hours patch once daily; may increase daily dose by 2 mg/24 hours weekly based on clinical response and tolerability. Maximum: 8 mg/24 hours. Maximum quantity limit: 30 patches/30 days (all strengths).

*Restless legs syndrome*: Initial: Transdermal: Apply 1 mg/24 hours patch once daily; may increase daily dose by 1 mg/24 hours weekly, based on clinical response and tolerability to a maximum of 3 mg/24 hours. Maximum quantity limit: 30 patches/30 days (all strengths).

- **Nourianz™**: Oral: 20 mg once daily; may further increase dose based on response and tolerability to a maximum dose of 40 mg once daily. Maximum quantity limit: 1 tablet per day (both strengths).
- **Ongentys®**: Oral: 50 mg once daily at bedtime. Maximum quantity limit: 1 capsule per day (both strengths).
- **tolcapone (Tasmar)**: Oral: Initial: 100 mg 3 times daily always as an adjunct to levodopa/carbidopa; may increase as tolerated to 200 mg 3 times daily. Maximum quantity limit: 6 tablets per day.
- **Rytary® & carbidopa-levodopa ER capsules (Rytary ABA)**: Oral: Initial: Carbidopa 23.75 mg/levodopa 95 mg 3 times daily for 3 days; on day 4, may increase to carbidopa 36.25 mg/levodopa 145 mg 3 times daily. Maximum quantity limit: 10 capsules per day (all strengths).
- **Xadago™**: Oral: 50 mg once daily (in combination with carbidopa/levodopa); after 2 weeks may increase to 100 mg once daily (in combination with carbidopa/levodopa) based on response and tolerability. Maximum quantity limit: 1 tablet per day (both strengths).

**CLINICAL CRITERIA:** Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

**Initial Authorization: 6 months**

- Member must be 18 years of age or older
- Medication must be prescribed by, or in consultation with a neurologist
- Member must have a confirmed diagnosis of Parkinson’s disease in an individual who is having intermittent OFF episodes while on continuous carbidopa/levodopa therapy and **ALL** the following criteria has been met (**must submit chart notes**):
  - Provider has made adjustments to member’s carbidopa/levodopa’s dose in order to manage symptoms without success
  - Member is receiving concurrent therapy with carbidopa/levodopa **within the past 30 days** AND the requested medication will be used in combination with continuous carbidopa/levodopa treatment
  - Member is currently not taking or has not recently (within 2 weeks) taken a nonselective MAO inhibitor such as Nardil® (phenelzine), Parnate® (tranylcypromine), or Marplan® (isocarboxazid)

- Member must meet **ALL** criteria for requested drug below if prescribed for treatment of Parkinson's disease

**For carbidopa-levodopa ER capsules (Rytary ABA), Crexont, Rytary<sup>®</sup>**, Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- Member must have documentation of trial and failure of **BOTH** of the following:
  - Combination therapy of carbidopa/levodopa IR with carbidopa/levodopa extended-release
  - Member must have documentation of trial and failure of **ONE** of the following:
    - Dopamine agonist: ropinirole/ropinirole ER, pramipexole/pramipexole ER
    - Monoamine oxidase type B inhibitors: rasagiline
    - COMT inhibitor: generic entacapone

**For Inbrija<sup>®</sup> or Nourianz<sup>®</sup>**, Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- Member must have documentation of trial and failure of **TWO (2)** of the following:
  - Monoamine oxidase type B inhibitors: rasagiline
  - Dopamine agonist: ropinirole/ropinirole ER, pramipexole/pramipexole ER
  - COMT inhibitor: generic entacapone, Ongentys<sup>®</sup> (\*requires prior authorization), tolcapone (\*requires prior authorization)
- For Inbrija requests:** Member does **NOT** have a history of asthma, COPD, or other chronic underlying lung disease

**For Lodosyn<sup>®</sup>**, Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- Member is currently receiving carbidopa/levodopa therapy and Lodosyn (carbidopa) is being used in combination to levodopa therapy to reduce the side effects (i.e., nausea) associated and to enhance the effectiveness of levodopa therapy.

**For Neupro<sup>®</sup>**, Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- Member must have documentation of **ONE** of the following diagnoses:
  - Parkinsons Disease
  - Moderate to severe restless leg syndrome

**For Parkinsons Disease:**

- Member must meet **ONE** of the following:
  - Member must meet all initial criteria listed above and have documentation of trial and failure or intolerance to **BOTH** of the following oral dopamine agonists:
    - pramipexole immediate release tablets
    - ropinirole extended-release release tablets
  - Prescriber indicates the patient is unable to swallow or take medications orally

**For Restless Legs Syndrome:**

- Member must meet **ONE** of the following:
  - Member must have documentation of trial and failure or intolerance to **TWO** of the following oral dopamine therapies:
    - pramipexole immediate release tablets
    - ropinirole extended-release release tablets
  - Member must have documentation of gabapentin or pregabalin for those with an intolerance to dopamine agonists
  - Prescriber indicates the member is unable to swallow or take medications orally

**For Ongentys®.** Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- Member must have documentation of trial and failure of a COMT inhibitor: generic entacapone
- Member does **NOT** have a history of pheochromocytoma, paraganglioma, or other catecholamine-secreting neoplasms

**For tolcapone (Tasmar).** Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- Member must have documentation of trial and failure of **ALL** the following:
  - COMT inhibitors: generic entacapone and Ongentys® (opicapone) (\*requires prior authorization)
  - Dopamine agonist: ropinirole/ropinirole ER, pramipexole/pramipexole ER
  - Monoamine oxidase type B inhibitors: rasagiline
- Provider attests to monitoring of liver failure/hepatic dysfunction and should discontinue tolcapone if ALT/AST levels exceed 2 times the upper limit of normal

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**For Xadago®**, Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- Member must have documentation of trial and failure or intolerance to **BOTH** of the following monoamine oxidase inhibitors:
  - selegiline
  - rasagiline
- Member does **NOT** have severe hepatic impairment (Child-Pugh C)

**Reauthorization: 12 months.** Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- Member must continue to meet all applicable initial authorization criteria
- Member has a documented positive clinical response to treatment (defined as: improvement and stabilization of “off episodes” associated with Parkinson’s disease)
- Requested medication is used in combination with carbidopa/levodopa (**verified by pharmacy paid claims**)
- Member must be absent of unacceptable toxicity from therapy

**Medication being provided by Specialty Pharmacy – Proprium Rx**

*Not all drugs may be covered under every Plan*

*If a drug is non-formulary on a Plan, documentation of medical necessity will be required.*

*\*\*Use of samples to initiate therapy does not meet step edit/preauthorization criteria.\*\**

*\*Previous therapies will be verified through pharmacy paid claims or submitted chart notes.\**