

**Rytary (carbidopa/levodopa)**  
Effective 11/01/2022

|                              |   |                     |   |
|------------------------------|---|---------------------|---|
| <b>Plan</b>                  | <input type="checkbox"/> MassHealth<br><input checked="" type="checkbox"/> Commercial/Exchange  | <b>Program Type</b> | <input checked="" type="checkbox"/> Prior Authorization<br><input type="checkbox"/> Quantity Limit<br><input type="checkbox"/> Step Therapy |
| <b>Benefit</b>               | <input checked="" type="checkbox"/> Pharmacy Benefit<br><input type="checkbox"/> Medical Benefit (NLX)  |                     |   |
| <b>Specialty Limitations</b> | This medication has been designated specialty and must be filled at a contracted specialty pharmacy when obtained through the pharmacy benefit. |                     |   |
| <b>Contact Information</b>   | <b>Specialty Medications</b>  |                     |   |
|                              | All Plans   | Phone: 866-814-5506 | Fax: 866-249-6155   |
|                              | <b>Non-Specialty Medications</b>  |                     |   |
|                              | MassHealth  | Phone: 877-433-7643 | Fax: 866-255-7569   |
|                              | Commercial  | Phone: 800-294-5979 | Fax: 888-836-0730   |
|                              | Exchange  | Phone: 855-582-2022 | Fax: 855-245-2134   |
|                              | <b>Medical Specialty Medications (NLX)</b>  |                     |   |
|                              | All Plans   | Phone: 844-345-2803 | Fax: 844-851-0882   |
| <b>Exceptions</b>            |   |                     |   |

**Overview**

Rytary (carbidopa/levodopa) is indicated for the treatment of Parkinson disease, postencephalitic parkinsonism, and symptomatic parkinsonism that may follow carbon monoxide and/or manganese intoxication

**Coverage Guidelines**

Authorization may be granted for members who are new to the plan currently receiving treatment with a leuprolide product, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

**OR**

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. Member has ONE of the following diagnoses:
  - a. Parkinson disease
  - b. Postencephalitic parkinsonism
  - c. Symptomatic parkinsonism that may follow carbon monoxide and/or manganese intoxication
2. Paid claims or physician attestation of inadequate response or adverse effect to oral carbidopa/levodopa (immediate release or extended release)
3. The member has ONE of the following:
  - a. Paid claims or physician attestation of inadequate response or adverse effect to ONE of the following anti-Parkinson agent:
    - i. Catechol-O-methyl transferase (COMT) inhibitor (e.g., entacapone)
    - ii. Monoamine oxidase B (MAO)-B inhibitor (e.g., oral selegiline, Azilect)
    - iii. Dopamine agonists (e.g., pramipexole, ropinirole, Neupro)



- b. Contraindication to ALL anti-Parkinson agents

### **Continuation of Therapy**

Reauthorization may be granted for continued treatment who have demonstrated a positive clinical response to therapy.

### **Limitations**

1. Initial approvals and reauthorizations will be granted for 12 months.

### **References.**

1. Rytary (carbidopa/levodopa) [prescribing information]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; December 2019.
2. C. Warren Olanow, Karl Keiburtz, Per Odin, et al. Double blind, double dummy, randomized study of continuous intrajejunal infusion of levodopa-carbidopa intestinal gel in advanced Parkinson's disease, *Lancet Neurol.* 2014 February; 13 (2): 141-149.

### **Review History**

09/21/2022 – Created and Reviewed for Sept P&T. Effective 11/01/2022

### **Disclaimer**

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.