

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

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy when obtained through the pharmacy benefit.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	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
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

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.

