Mass General Brigham
Health Plan

Carbidopa/Levodopa Extended-Release Formulations: Crexont (carbidopa/levodopa extended-release) Rytary (carbidopa/levodopa extended-release) Effective 01/01/2025

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview
Rytary (carbidopa/levodopa extended-release) and Crexont (carbidopa/levodopa extended-release) are 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 new to the plan within the past 90 days who are currently receiving treatment with the requested medication, 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:

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. Member has had an inadequate response or adverse reaction to another oral carbidopa/levodopa product (immediate release or extended release)
3. **Requests for Crexont:** Member has had an inadequate response or adverse reaction to Rytary

Continuation of Therapy
Requests for reauthorization will be granted when the following criteria are met:

1. Member has demonstrated a positive clinical response to therapy

Limitations

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

References.

1. Crexont (carbidopa/levodopa extended-release) [prescribing information]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; August 2024.

2. Rytary (carbidopa/levodopa) [prescribing information]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; December 2019.

Review History

09/21/2022 – Created and Reviewed for Sept P&T. Effective 11/01/2022.
10/09/2024 – Reviewed and updated at October P&T. Added Crexont to policy and updated title of policy to "Carbidopa/Levodopa Extended-Release Formulations." Removed trial requirement with non-carbidopa/levodopa products. Removed requirement for paid claims for inadequate response with other carbidopa/levodopa product. Effective 1/1/2025.