

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

*FHK- Florida Healthy Kids

Non-Preferred Anti-Parkinson Agents

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Comments	Quantity Limit
amantadine tablets, capsule, oral solution benzotropine tablets bromocriptine 2.5mg, 5mg tablets carbidopa/levodopa tablets all strengths carbidopa/levodopa/entacapone tablets all strengths pramipexole tablets all strengths ropinirole tablets all strengths selegiline tablets all strengths trihexyphenidyl elixir, tablets all strengths	Preferred	May be subject to quantity limit
pramipexole ER tablets all strengths ropinirole ER tablets all strengths Apokyn (apomorphine) cartridges all strengths Azilect (rasagiline mesylate) tablets all strengths Rytary (carbidopa/levodopa extended release) capsules all strengths Xadago (safinamide) tablets all strengths Zelapar (selegiline) ODT all strengths all MSB antiparkinson agents	Non-Preferred	

APPROVAL CRITERIA

Requests for non-preferred anti-Parkinson agents may be approved if the following criteria are met:

- I. Individual has had a previous trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to one preferred generic agent.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Preferred generic agents: amantadine, benztropine, bromocriptine, carbidopa/levodopa, carbidopa/levodopa/entacapone, pramipexole, ropinirole, selegiline, trihexyphenidyl.

Non-Preferred agents: pramipexole ER, ropinirole ER, Apokyn (apomorphine), Azilect (rasagiline mesylate), Rytary (carbidopa/levodopa extended release), Xadago (safinamide) Zelapar (selegiline) ODT, all MSB antiparkinson agents.

II. Requests for Apokyn (apomorphine) may be approved if the following criteria are met, in addition to I. above:

- A. Individual has a diagnosis of advanced Parkinson's disease; **AND**
- B. The individual is using Apokyn (apomorphine) for the acute, intermittent treatment of hypomobility "off" episodes**.

Apokyn (apomorphine) **may not** be approved for:

- I. Requests for Erectile Dysfunction (ED).

****Note:** Off episodes refer to the "end-of-dose wearing off" and unpredictable "on/off" episodes.

Note: At least one agent from each of the following categories must be included as a preferred agent:

- Carbidopa/dopa combination: carbidopa/levodopa agents
- Dopamine agonist: bromocriptine, pramipexole, ropinirole
- Anticholinergic: benztropine, trihexyphenidyl
- MAOB: selegiline

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; Updated periodically.

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