

| Market Applicability | | | | | | | | | | | | | | |
|----------------------|----|----------|--------|--------|----|----|----|----|----|----|----|----|----|----|
| Market | DC | FL & FHK | FL MMA | FL LTC | GA | KS | KY | MD | NJ | NV | NY | TN | TX | WA |
| Applicable | X | X | NA | NA | X | NA | X | X | X | X | X | NA | NA | NA |

*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 benztropine 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.

Preferred generic agents: amantadine, benztropine, bromocriptine, carbidopa/levodopa,

PAGE 1 of 3 12/17/2018

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| Applicable | X | X | NA | NA | X | NA | X | X | X | X | X | NA | NA | NA |

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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. Individual is using for the acute, intermittent treatment of hypomobility “off” episodes*; **AND**
- C. Individual is using in conjunction with an antiemetic (excluding 5HT₃ antagonist agents).

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.

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

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

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| Applicable | X | X | NA | NA | X | NA | X | X | X | X | X | NA | NA | NA |

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2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 25, 2018.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.
5. Parkinson's Disease in Adults. NICE Guideline [NG71]. National Institute for Health and Care Excellence. Published Date July 2017. Available at: <https://www.nice.org.uk/guidance/ng71>. Accessed on June 25, 2018.
6. Pahwa R, Factor SA, Lyons KE, et al.; Quality Standards Subcommittee of the American Academy of Neurology. Practice Parameter: treatment of Parkinson disease with motor fluctuations and dyskinesia (an evidence-based review). *Neurology*. 2006; 66(7):983-995.

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