Clinical Policy: Carbidopa/Levodopa ER Capsules (Rytary)

Reference Number: ERX.NPA.41
Effective Date: 12.01.15
Last Review Date: 08.18 Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Carbidopa/levodopa extended-release capsules (Rytary™) is a combination of an aromatic amino acid decarboxylation inhibitor (carbidopa) and an aromatic amino acid (levodopa).

FDA Approved Indication(s)
Rytary is indicated for the treatment of Parkinson's disease (PD), post-encephalitic parkinsonism, and parkinsonism that may follow carbon monoxide intoxication or manganese intoxication.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Rytary is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Parkinson's Disease or Parkinsonism (must meet all)**:**

1. Diagnosis of PD or parkinsonism;
2. Age ≥ 18 years;
3. Documented intolerance or contraindication* to carbidopa-levodopa sustained release tablets (Sinemet® CR) that would not apply to Rytary;
4. Dose does not exceed carbidopa 612.5 mg/levodopa 2,450 mg per day.

Approval duration: 12 months

**Examples of acceptable intolerance or contraindications include inability to swallow pills or intolerance or contraindications to excipients in carbidopa-levodopa sustained released tablets. Note: Failure of carbidopa-levodopa sustained released tablets is NOT an acceptable rationale for use of Rytary over Sinemet CR.*

B. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Parkinson's Disease or Parkinsonism (must meet all)**:**

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed carbidopa 612.5 mg/levodopa 2,450 mg per day.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.
   Approval duration: Duration of request or 12 months (whichever is less); or
2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
MAO: monoamine oxidase
PD: Parkinson's disease

Appendix B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
carbidopa/levodopa sustained released tablets (Sinemet CR®)	Patients not currently receiving levodopa: Initial: carbidopa 50 mg/levodopa 200 mg PO BID. Patients currently receiving levodopa: *Note: Levodopa must be discontinued at least 12 hours before starting carbidopa/levodopa therapy.* Initial: Sinemet CR should be substituted at a dosage that will provide approximately 25% of the previous levodopa dosage; usual initial dose in mild to moderate disease is carbidopa 50 mg/levodopa 200 mg BID. Patients converting from immediate-release (IR) formulation to controlled release: Initial: Dosage should be substituted at an amount that provides ~10% more of levodopa/day; total calculated dosage is administered in divided doses 2 to 3 times/day (or ≥ 3 times/day for patients maintained on levodopa ≥ 700 mg). Depending on clinical response, dosage may need to be increased to provide up to 30% more levodopa/day.	Most patients are adequately controlled on doses that provide up to 1,600 mg/day PO of levodopa.

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications

- Concomitant use of nonselective monoamine oxidase (MAO) inhibitor (e.g., phenelzine, tranylcypromine) or have recently (within 2 weeks) taken a nonselective MAO inhibitor.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
PD; parkinsonism	Levodopa-naïve patients: Starting dose is 23.75 mg/95 mg PO TID; may increase to 36.25 mg/145 mg TID on the fourth day of treatment; may increase dose up to carbidopa 97.5 mg/levodopa 390 mg TID; frequency of dosing may be increased to a maximum of 5 times daily if needed and tolerated. Patients converting from IR carbidopa-levodopa to ER carbidopa-levodopa: Initial dose based off of total current daily dose of levodopa in IR carbidopa/levodopa as follows	Carbidopa 612.5 mg /levodopa 2450 mg per day

Indication	Dosing Regimen	Maximum Dose
	(frequency of dosing may be increased to a maximum of 5 times daily if needed and tolerated).	

VI. Product Availability

ER capsule: carbidopa/levodopa 23.75 mg/95 mg, 36.25 mg/145 mg, 48.75 mg/195 mg, 61.25 mg/245 mg

VII. References

1. Rytary Prescribing Information. Hayward, CA: Impax Laboratories; October 2016. Available at: https://rytary.com. Accessed May 14, 2018.
2. Sinemet CR Prescribing Information. Whitehouse Station, NJ: Merck and Co., Inc.; July 2014. Available at https://dailymed.nlm.nih.gov. Accessed May 14, 2018.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created.	09.15	09.15
Updated to new template. Added background and references.	07.16	09.16
Converted to new template. Added safety requirement related to contraindications per PI; Modified generalized FDA max dose statement to specific max dose of drug; On re-auth, added that member is responding positively to therapy; Updated references.	06.17	08.17
3Q 2018 annual review: no significant changes; references reviewed and updated.	05.14.18	08.18

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.