Clinical Policy: Carbidopa-Levodopa ER Capsules (Rytary)

Reference Number: CP.CPA.148
Effective Date: 11.16.16
Last Review Date: 08.19
Line of Business: Commercial

Revision Log

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

Description

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

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 Centene Corporation® 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: Length of Benefit

**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 the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.CPA.09 for commercial.

II. Continued Therapy

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

1. Currently receiving medication via Centene benefit 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: Length of Benefit

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

1. Currently receiving medication via Centene benefit and documentation supports positive response to therapy.
   Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.CPA.09 for commercial.

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 policies – CP.CPA.09 for commercial 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 for all relevant lines of business 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:	Most patients are adequately controlled on doses that provide up to 1,600 mg/day of levodopa.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
	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.	

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/Boxed Warnings

- Contraindication(s): Concomitant use of nonselective monoamine oxidase (MAO) inhibitor (e.g., phenelzine, tranylcypromine) or have recently (within 2 weeks) taken a nonselective MAO inhibitor.
- Boxed warning(s): none reported

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 (frequency of dosing may be increased to a maximum of 5 times daily if needed and tolerated).	Carbidopa 612.5 mg /levodopa 2450 mg per day

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 April 17, 2019.
2. Sinemet CR Prescribing Information. Whitehouse Station, NJ: Merck and Co., Inc.; July 2014. Available at https://dailymed.nlm.nih.gov. Accessed April 17, 2019.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Converted to new template. Minor changes to verbiage and grammar. References updated.	01.18.17	11.17
3Q 2018 annual review: no significant changes; references reviewed and updated.	05.14.18	08.18
3Q 2019 annual review: no significant changes; references reviewed and updated.	04.17.19	08.19

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. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. 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. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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