

**SOUTH DAKOTA MEDICAID
PRIOR AUTHORIZATION CRITERIA**

Physician Administered Drugs, Vaccines, and Immunizations

Foscarbidopa/foslevodopa (Vyalev) – PA Criteria

HCPC: J7356

Foscarbidopa/foslevodopa (Vyalev) are prodrugs of carbidopa/levodopa given via continuous subcutaneous infusion for the treatment of Parkinson's disease in adults. It is covered by South Dakota Medicaid following prior authorization when the patient meets the following criteria:

- **Initial Therapy (must meet all):**
 - Therapy must be prescribed by or in consultation with a neurologist
 - Individual has a diagnosis of idiopathic Parkinson's disease
 - Documentation is provided indicating that the individual is levodopa responsive
 - Individual has an average "off time" of at least 3 hours per day and **one** of the following:
 - Individual is currently taking optimized treatment with oral carbidopa/levodopa dosed at least 4 times daily
 - Individual has documented intolerance or inability to take oral carbidopa/levodopa
 - Individual is ≥ 18 years of age
 - Approval duration: 6 months
- **Continuation of Therapy (must meet all):**
 - Documentation is provided indicating off time has reduced since starting therapy
 - If patient met initial approval for therapy due to inability to take oral carbidopa/levodopa, this inability is still present
 - Approval duration: 1 year