

## Texas Prior Authorization Program Clinical Criteria

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### Drug/Drug Class

## Dopamine Agonists

*This criteria was recommended for review by an MCO to ensure appropriate and safe utilization*

### Clinical Information Included in this Document

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section.

### Revision Notes

Initial Publication and presentation to the DUR Board



## Dopamine Agonists

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
APOKYN 30 MG/3 ML CARTRIDGE	42078
KYNMOBI 10 MG SL FILM	48122
KYNMOBI 15 MG SL FILM	48126
KYNMOBI 20 MG SL FILM	48127
KYNMOBI 25 MG SL FILM	48128
KYNMOBI 30 MG SL FILM	48129
KYNMOBI TITRATION KIT	48136



## Dopamine Agonists

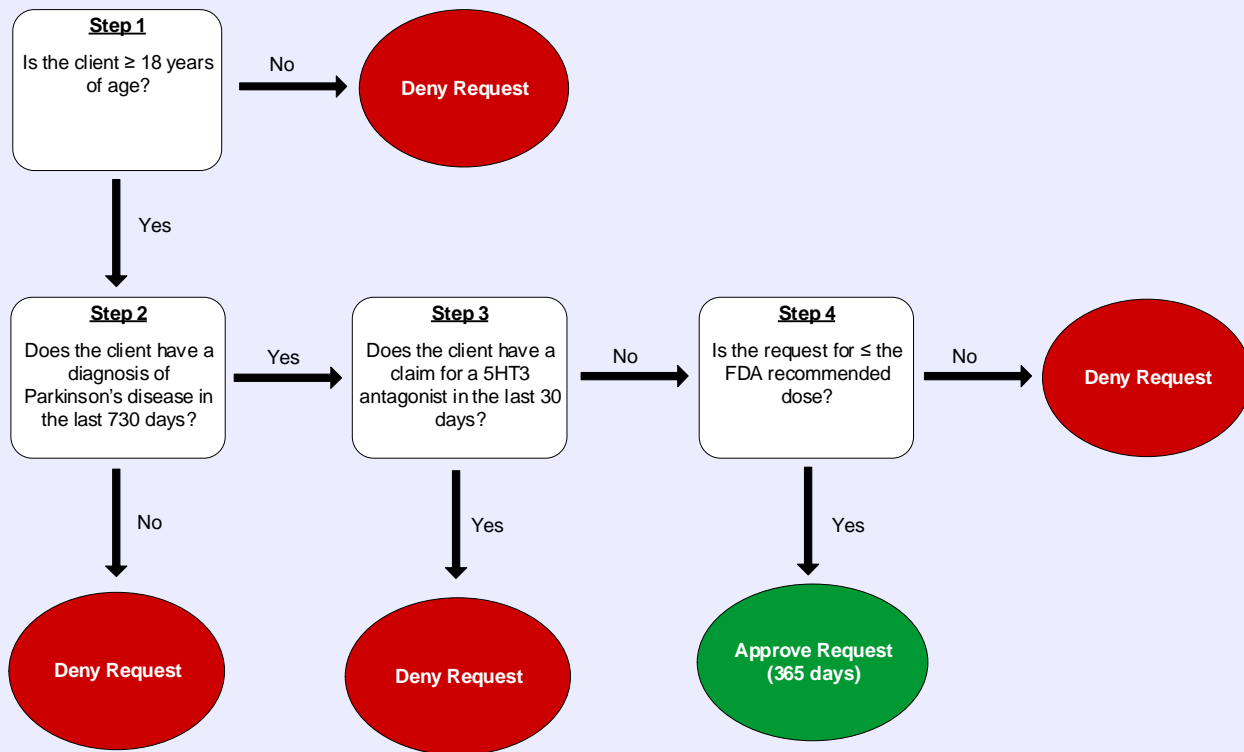
### Clinical Criteria Logic

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
 Yes (Go to #2)  
 No (Deny)
2. Does the client have a **diagnosis of Parkinson's disease** in the last 730 days?  
 Yes (Go to #3)  
 No (Deny)
3. Does the client have a **claim for a 5HT<sub>3</sub> antagonist** in the last 30 days?  
 Yes (Deny)  
 No (Go to #4)
4. Is the request for less than or equal to ( $\leq$ ) the **FDA recommended dose**?  
 Yes (Approve - 365 days)  
 No (Deny)



# Dopamine Agonists

## Clinical Criteria Logic Diagram





## Dopamine Agonists

### Clinical Criteria Supporting Tables

<b>Step 2 (diagnosis of Parkinson's disease)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
G20	PARKINSON'S DISEASE

<b>Step 3 (claim for a 5HT<sub>3</sub> antagonist)</b>	
<b>Required claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Label Name</b>	<b>GCN</b>
AKYNZEO 300-0.5 MG CAPSULE	37239
ALOSETRON HCL 0.5 MG TABLET	21422
ALOSETRON HCL 1 MG TABLET	41607
GRANISETRON HCL 1 MG TABLET	06019
GRANISETRON HCL 1 MG/ML VIAL	99267
GRANISETRON HCL 4 MG/4 ML VIAL	60548
LOTRONEX 0.5 MG TABLET	21422
LOTRONEX 1 MG TABLET	41607
ONDANSETRON 4 MG/5 ML SOLUTION	20040
ONDANSETRON 40 MG/20 ML VIAL	20011
ONDANSETRON HCL 4 MG TABLET	20041
ONDANSETRON HCL 4 MG/2 ML VIAL	97502
ONDANSETRON HCL 8 MG TABLET	20042
ONDANSETRON ODT 4 MG TABLET	20045
ONDANSETRON ODT 8 MG TABLET	20046
SANCUSO 3.1 MG/24 HR PATCH	14348
ZUPLENZ 4 MG SOLUBLE FILM	28789
ZUPLENZ 8 MG SOLUBLE FILM	28790

<b>Step 4</b> <b>FDA Recommended Dosing Limits</b>	
APOKYN	Total daily dose should not exceed 2mL (20mg) per day Maximum single dose is 0.6mL (6mg) and client should not receive more than 5 doses/day
KYNMOBI	Maximum single dose is 30mg and client should not receive more than 5 doses/day



## Dopamine Agonists

### Clinical Criteria References

1. 2021 ICD-10-CM Diagnosis Codes. 2021. Available at [www.icd10data.com](http://www.icd10data.com). Accessed on January 22, 2021.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2021. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on January 22, 2021.
3. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on January 22, 2021.
4. Apokyn Prescribing Information. Louisville, KY. US WorldMeds, LLC. April 2020.
5. Kynmobi Prescribing Information. Marlborough, Massachusetts. Sunovion Pharmaceuticals Inc. May 2020.

## Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

<b>Publication Date</b>	<b>Notes</b>
01/22/2021	<ul style="list-style-type: none"><li>• Initial publication and presentation to the DUR Board</li></ul>