Louisiana Medicaid
Foscarbidopa/Foslevodopa (Vyalev™)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for foscarbidopa/foslevodopa (Vyalev™).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available HERE.

Approval Criteria for Initiation of Therapy

- The recipient has a diagnosis of advanced Parkinson's disease; **AND**
- This medication is prescribed by, or the request states that the medication is being prescribed in consultation with, a neurologist; **AND**
- The following is true and is **stated on the request**:
    - The recipient is responsive to levodopa-containing medication therapy; **AND**
    - The recipient has motor fluctuations even with compliant use of optimized pharmacotherapy for advanced Parkinson's disease; **AND**
    - The recipient experiences a minimum of 2.5 hours of "off" time per day (e.g. tremor and difficulty walking).

Approval Criteria for Continuation of Therapy

- The prescriber **states on the request** that the recipient is established on the medication with evidence of a positive response to therapy.

Duration of approval for initiation and continuation of therapy: 12 months

Reference

Vyalev (foscarbidopa/foslevodopa) [package insert]. North Chicago, IL: AbbVie Inc; October 2024. https://www.rxabbvie.com/pdf/vyalev_pi.pdf

Revision / Date	Implementation Date
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