

JUSTIFICATION LETTER FOR CREXONT

Re: Patient Name _____
Policy ID _____
Policy Group _____
Date of Birth _____

Date _____

To Whom It May Concern,

I am writing on behalf of my patient. Based on my clinical experience, I assess that it is medically necessary for my patient to receive CREXONT® (carbidopa and levodopa) extended-release capsules.

Patient information and diagnosis

Patient's name _____

Diagnosis

- ☐ G20 Parkinson's disease
- ☐ G21.2 Secondary Parkinson's due to other external agents
- ☐ G21.3 Postencephalitic Parkinsonism
- ☐ Other _____

Clinical history and disease severity

The patient has experienced progressive Parkinson's disease with significant motor fluctuations and OFF time despite optimized standard therapy. While initial treatment with carbidopa-levodopa provided benefit, disease progression has resulted in worsening motor symptoms, including impaired gait and balance, tremor, rigidity, and bradykinesia, particularly during OFF periods. These symptoms have a meaningful negative impact on daily functioning and quality of life.

Prior treatment history and contraindications

The patient has **tried and failed or cannot safely receive alternative anti-parkinsonian therapies** due to lack of efficacy, documented allergy, or clinically significant safety concerns:

- ☐ **Immediate-release carbidopa-levodopa (eg, Sinemet®)**
Tried with inadequate control of motor fluctuations and unacceptable OFF time. CREXONT is not equivalent to immediate-release formulations and provides distinct formulation, pharmacokinetic, and efficacy advantages
- ☐ **Controlled-release carbidopa-levodopa (eg, Sinemet® CR)**
- ☐ **COMT inhibitors (Stalevo® [entacapone]; opicapone)**
Not appropriate due to prior intolerance and increased risk of hallucinations and psychotic-like behavior. Stalevo contains entacapone and is therefore contraindicated for this patient
- ☐ **Dopamine agonists (rotigotine/Neupro® patch, pramipexole, ropinirole)**
Not appropriate due to labeled risks of hallucinations, psychotic-like behavior, and worsening dyskinesia, which are of heightened concern in older adults

- ☐ **Bromocriptine**
Contraindicated due to increased risk of hallucinations, delusions, and psychotic disorders, particularly in elderly patients
 - ☐ **Amantadine**
Not appropriate due to prior intolerance and risk of confusion, hallucinations, and other neuropsychiatric adverse effects
 - ☐ **MAO-B inhibitors (rasagiline, selegiline)**
Contraindicated due to risks of orthostatic hypotension, dizziness/somnolence, balance impairment, and hallucinations, which significantly increase fall risk
 - ☐ **Rytary® (carbidopa and levodopa) extended-release capsules**
Previously trialed and not well tolerated by patient
 - ☐ **Adverse events and/or contraindications**
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Given the patient's clinical profile, additional trials of these agents would be unsafe and medically inappropriate.

Rationale for CREXONT

CREXONT is specifically indicated for patients with Parkinson's disease experiencing motor fluctuations and OFF time on levodopa therapy. Clinical evidence demonstrates that CREXONT increases daily GOOD ON time compared with immediate-release levodopa formulations.

Based on the patient's documented disease progression, prior treatment failures, contraindications, and safety considerations, CREXONT represents the most appropriate and medically necessary therapy to improve symptom control and functional outcomes.

Please approve coverage for CREXONT to allow optimal management of this patient's Parkinson's disease.

Sincerely,

Physician name _____
Specialty _____
NPI _____

Contact information

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