

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

Non-Preferred Anti-Parkinson Agents

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Comments	Quantity Limit
amantadine tablets, capsule, oral solution benztropine tablets bromocriptine 2.5mg, 5mg tablets carbidopa/levodopa tablets all strengths carbidopa/levodopa/entacapone tablets all strengths pramipexole tablets all strengths ropinirole tablets all strengths selegiline tablets all strengths trihexyphenidyl elixir, tablets all strengths	Preferred	May be subject to quantity limit
pramipexole ER tablets all strengths ropinirole ER tablets all strengths Apokyn (apomorphine) cartridges all strengths Azilect (rasagiline mesylate) tablets all strengths Inbrija (levodopa inhalation powder) Rytary (carbidopa/levodopa extended release) capsules all strengths Xadago (safinamide) tablets all strengths Zelapar (selegiline) ODT all strengths Nourianz (istradefylline) tablets all MSB antiparkinson agents	Non-Preferred	

APPROVAL CRITERIA

Step Therapy:

Requests for non-preferred anti-Parkinson agents may be approved if the following criteria are met:

CRX-ALL-0498-20

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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- I. Individual has had a previous trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to one preferred generic agent.

Preferred generic agents: amantadine (tablets, capsules, oral solution), benztropine, bromocriptine, carbidopa/levodopa, carbidopa/levodopa/entacapone tablets, pramipexole tablets, ropinirole tablets, selegiline, trihexyphenidyl (elixir and tablets).

Non-Preferred agents: pramipexole ER tablets (all strengths), ropinirole ER tablets (all strengths), Apokyn (apomorphine) (all strengths), Azilect (rasagiline mesylate) (all strengths), Inbrija (levodopa inhalation powder), Rytary (carbidopa/levodopa extended release), Xadago (safinamide) Zelapar (selegiline) ODT, Nourianz (istradefylline), all MSB antiparkinson agents.

Prior Authorization:

Requests for Apokyn (apomorphine) may be approved if the following criteria are met, in addition to the step therapy above:

- I. Individual has a diagnosis of advanced Parkinson's disease; **AND**
- II. Individual is using for the acute, intermittent treatment of hypomobility "off" episodes*; **AND**
- III. Individual is using in conjunction with an antiemetic (excluding 5HT₃ antagonist agents).

Apokyn (apomorphine) may not be approved for:

- I. Requests for Erectile Dysfunction (ED).

Requests for Inbrija (levodopa inhalation powder) may be approved if the following criteria are met in addition to the step therapy above:

- I. Individual has a diagnosis of Parkinson's disease; **AND**
- II. Using for the acute, intermittent treatment of hypomobility "off" episodes; **AND**
- III. Individual is using concomitantly with carbidopa/levodopa therapy.

Inbrija (levodopa inhalation powder) may not be approved for:

- I. Individuals with asthma, COPD or other chronic underlying lung disease.

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Requests for Nourianz (istradefylline) may be approved if the following criteria are met:

- I. Individual has a diagnosis of Parkinson’s disease; **AND**
- II. Used concomitantly with levodopa/carbidopa in individuals with hypomobility “off” episodes.

Nourianz (istradefylline) may not be approved for:

- I. Individuals with severe hepatic impairment (Child Pugh Class C).

***Note:** Off episodes refer to the “end-of-dose wearing off” and unpredictable “on/off” episodes.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: August 27, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
5. Parkinson’s Disease in Adults. NICE Guideline [NG71]. National Institute for Health and Care Excellence. Published Date July 2017. Available at: <https://www.nice.org.uk/guidance/ng71>. Accessed on August 27, 2019.
6. Pahwa R, Factor SA, Lyons KE, et al.; Quality Standards Subcommittee of the American Academy of Neurology. Practice Parameter: treatment of Parkinson disease with motor fluctuations and dyskinesia (an evidence-based review). *Neurology*. 2006; 66(7):983-995.

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