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| Division: Pharmacy Policy | Subject: Prior Authorization Criteria |
| Original Development Date: Original Effective Date: Revision Date: | June 11, 2021 July 28, 2022 |

Anti-Parkinson’s Agents for “Off” Episodes

Non-Preferred Agents: Apokyn® (apomorphine hydrochloride), Gocovri® (amantadine extended – release), Inbrija® (levodopa inhalation), Kynmobi™ (apomorphine hydrochloride), Nourianz™ (istradefylline), Ongentys® (opicapone), and Xadago® (safinamide)

LENGTH OF AUTHORIZATION: Up to one year

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age.
- Patient must have a diagnosis of Parkinson Disease.
- Prescriber is a neurologist or in consultation with a neurologist.
- Patient is currently taking and will continue to take carbidopa/levodopa.
- Patient is experiencing symptom fluctuations or off episodes while taking carbidopa/levodopa where attempts have been made to adjust the carbidopa/levodopa dose and/or formulation in order to manage symptoms without success.
- Dosing is appropriate as per labeling or is supported by compendia or standard of care guidelines.
- If the request is for Inbrija®, make sure the patient does not have asthma, COPD, or other chronic underlying lung disease.

CONTINUATION OF THERAPY:

- Patient met initial review criteria.
- Documentation of positive clinical response.
- Dosing is appropriate as per labeling or is supported by compendia or standard of care guidelines.