Anti-Parkinson’s Agents

**Goals:**
- Promote preferred drugs for Parkinson’s disease.
- Restrict use for non-funded conditions like restless leg syndrome.

**Length of Authorization:**
Up to 12 months

**Requires PA:**
- Non-preferred drugs

**Covered Alternatives:**
- Current PMPDP preferred drug list per OAR 410-121-0030 at [www.orpdl.org](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

### Approval Criteria

<table>
<thead>
<tr>
<th>1. What diagnosis is being treated?</th>
<th>Record ICD10 code</th>
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<tbody>
<tr>
<td>2. Is the diagnosis Parkinson’s disease or another chronic neurological condition?</td>
<td><strong>Yes:</strong> Go to #5</td>
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<tr>
<td>3. Is the diagnosis Restless Leg Syndrome?</td>
<td><strong>Yes:</strong> Pass to RPh. Deny; not funded by the OHP.</td>
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<td>4. RPh only: All other indications need to be evaluated to determine if treatment is for a funded condition.</td>
<td><strong>Funded:</strong> Go to #5</td>
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<tr>
<td>5. Will the prescriber consider a change to a preferred product?</td>
<td><strong>Yes:</strong> Inform prescriber of covered alternatives in class.</td>
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</tbody>
</table>

**Message:**
- Preferred products do not require PA.
- Preferred products are evidence-based reviewed for comparative effectiveness & safety by the Pharmacy and Therapeutics (P&T) Committee.