

Anti-Parkinson's Agents

Goals:

- Promote preferred drugs for Parkinson's disease.
- Restrict use for non-funded conditions (e.g., restless leg syndrome).
- To limit utilization of safinamide to FDA-approved indications.

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
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Is the diagnosis Parkinson's disease or another chronic neurological condition?	Yes: Go to #5	No: Go to #3
3. Is the diagnosis Restless Leg Syndrome?	Yes: Pass to RPh. Deny; not funded by the OHP.	No: Go to #4
4. RPh only: All other indications need to be evaluated to determine if treatment is for a funded condition.	Funded: Go to #5	Not Funded: Deny; not funded by the OHP.
5. Is this a request for continuation of therapy?	Yes: Go to Renewal Criteria.	No: Go to #6
6. Will the prescriber consider a change to a preferred product? <u>Message:</u> <ul style="list-style-type: none"> • Preferred products do not require PA. • Preferred products are reviewed for comparative effectiveness and safety by the Pharmacy and Therapeutics (P&T) Committee. 	Yes: Inform prescriber of covered alternatives in class.	No: Go to #7
7. Is the request for safinamide or istradefylline?	Yes: Go to #12	No: Go to #8
8. Is the request for opicapone?	Yes: Go to #9	No: Go to #10

Approval Criteria		
<p>9. Is the patient on a non-selective monoamine oxidase (MAO) inhibitor?</p> <p>Note: selective MAO-B inhibitors are permitted (moclobemide; rasagiline; safinamide; selegiline)</p>	<p>Yes: Pass to RPh. Deny; medical appropriateness.</p>	<p>No: Approve for the shorter of 1 year or length of prescription.</p>
<p>10. Is the request for apomorphine sublingual film?</p>	<p>Yes: Go to #11</p>	<p>No: Go to #12</p>
<p>11. Is the patient on a 5-HT3 antagonist (eg., ondansetron, dolasetron, granisetron, palonosetron, etc.)</p>	<p>Yes: Pass to RPh. Deny; medical appropriateness.</p>	<p>No: Approve for the shorter of 1 year or length of prescription.</p>
<p>12. Is the patient currently taking levodopa/carbidopa?</p>	<p>Yes: Approve for the shorter of 1 year or length of prescription.</p>	<p>No: Pass to RPh. Deny; medical appropriateness.</p>

Renewal Criteria		
<p>1. Has the patient's condition improved as assessed by the prescribing physician and physician attests to patient's improvement?</p>	<p>Yes: Approve for the shorter of 1 year or length of prescription.</p>	<p>No: Pass to RPh; Deny; medical appropriateness.</p>

P&T Review: 10/20 (AG); 3/18; 7/16; 9/14; 9/13; 09/10
Implementation: 11/1/20; 4/16/18; 8/16, 1/1/14, 1/1/11