

Parkinson's Disease Drugs

Goals:

- Promote preferred drugs for Parkinson's disease.
- Restrict use for non-funded conditions (e.g., restless leg syndrome) and support individual review for EPSDT.
- 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 request for a funded diagnosis? Note: Restless Leg Syndrome is not funded.	Yes: Go to #5	No: Current Age \geq 21 years: Pass to RPh. Deny; not funded by the OHP Current age < 21 years: go to #4
4. Is there documentation of medical appropriateness and medical necessity? Definitions for medical appropriateness include use for an FDA indication AND use, contraindication, or intolerance to preferred agents in the class. Medical necessity includes documentation that the diagnosis impacts the patient's health.	Yes: Go to #5	No: Pass to RPh; deny medical appropriateness or medical necessity
5. Is this a request for continuation of therapy?	Yes: Go to Renewal Criteria.	No: Go to #6

Approval Criteria

<p>6. Will the prescriber consider a change to a preferred product?</p> <p><u>Message:</u></p> <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. 	<p>Yes: Inform prescriber of covered alternatives in class.</p>	<p>No: If for treatment of unfunded condition for patient covered under EPSDT, approve for 1 year.</p> <p>For all other requests: Go to #7</p>
<p>7. Is the request for safinamide or istradefylline?</p>	<p>Yes: Go to #12</p>	<p>No: Go to #8</p>
<p>8. Is the request for opicapone?</p>	<p>Yes: Go to #9</p>	<p>No: Go to #10</p>
<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>
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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

