

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 currently funded.	Yes: Go to #5	No: Not eligible for EPSDT review: Pass to RPh. Deny; not funded by the OHP Eligible for EPSDT review: 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 foslevodopa/foscarbidopa?</p>	<p>Yes: Go to #11</p>	<p>No: Go to #14</p>
<p>11. Is the agent being prescribed by or in consultation with a neurology specialist?</p>	<p>Yes: Go to #12</p>	<p>No: Pass to RPh. Deny; medical appropriateness</p>
<p>12. Is the patient currently taking a nonselective monoamine oxidase (MAO) inhibitor or have they recently (within 2 weeks) taken a nonselective MAO inhibitor?</p>	<p>Yes: Pass to RPh. Deny; medical appropriateness.</p>	<p>No: Go to #13</p>
<p>13. Has the prescriber submitted a calculation of the base continuous dosage, hourly infusion rate, optional loading dose, and extra dose according to FDA prescribing information?</p>	<p>Yes: Approve for requested length of therapy.</p>	<p>No: Pass to RPh. Deny; medical appropriateness.</p>
<p>14. Is the request for apomorphine sublingual film?</p>	<p>Yes: Go to #15</p>	<p>No: Go to #16</p>
<p>15. 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>

Approval Criteria

16. Is the patient currently taking levodopa/carbidopa?

Yes: Approve for the shorter of 1 year or length of prescription.

No: Pass to RPh. Deny; medical appropriateness.

Renewal Criteria

1. Has the patient's condition progressed slower than expected, stabilized, or improved or as assessed by the prescribing physician and physician attests to patient's status?

Yes: Approve for the shorter of 1 year or length of prescription.

No: Pass to RPh; Deny; medical appropriateness.

P&T Review: 02/25 (DE); 10/20 (AG); 3/18; 7/16; 9/14; 9/13; 09/10
Implementation: 3/10/25; 11/1/20; 4/16/18; 8/16, 1/1/14, 1/1/11