

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2022 P 3083-7
Program	Step Therapy – Essential PDL Only
Medication	Azilect (rasagiline)
P&T Approval Date	10/2016, 10/2017, 10/2018, 10/2019, 11/2020, 2/2022
Effective Date	5/1/2022; Oxford: N/A

1. Background:

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try the lower cost generic alternative before coverage will be provided for brand Azilect.

2. Coverage Criteria^a:

<p>A. Azilect will be approved based on the following criterion:</p> <ol style="list-style-type: none"> 1. History of failure, contraindication, or intolerance to the following (list reason for therapeutic failure, contraindication, or intolerance): <ol style="list-style-type: none"> a. selegiline (generic Eldepryl) <p style="text-align: center;">Authorization will be issued for 12 months</p> <p>^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply</p>
--

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place

4. References:

1. Azilect [package insert]. Overland Park, KS: Teva Neuroscience; June 2020

Program	Step Therapy – Azilect
Change Control	
Date	Change
10/2016	New program.
1/2017	Administrative change. Clarified applies to Essential PDL only.
10/2017	Annual review. State mandate reference language updated.
10/2018	Annual review. Updated references.
10/2019	Annual review. Administrative changes.
11/2020	Annual review. Updated references.
2/2022	No changes.