

Clinical Pharmacy Program Guidelines for Nourianz

Program	Prior Authorization
Medication	Nourianz (istradefylline)
Markets in Scope	Arizona, California, Colorado, Hawaii, Maryland, New Jersey, Nevada, New York, New York EPP, Pennsylvania CHIP, Rhode Island, South Carolina
Issue Date	12/2019
Pharmacy and Therapeutics Approval Date	12/2020
Effective Date	3/2021

1. Background:

Nourianz (istradefylline) is indicated as adjunctive treatment to levodopa/carbidopa in adult patients with Parkinson’s disease experiencing “off” episodes

Coverage will be provided for members who meet the following criteria.

2. Coverage Criteria:

<p>A. <u>Initial Authorization</u></p> <p>1. Nourianz will be approved based on <u>ALL</u> of the following criteria:</p> <ul style="list-style-type: none"> a. Diagnosis of Parkinson’s disease <p style="text-align: center;">-AND-</p> <ul style="list-style-type: none"> b. Used as adjunctive treatment to levodopa/carbidopa in patients experiencing “off” episodes <p style="text-align: center;">-AND-</p> <ul style="list-style-type: none"> c. History of failure, contraindication, or intolerance to <u>two</u> anti-Parkinson’s disease therapy from the following adjunctive pharmacotherapy classes (trial must be from two different classes): <ul style="list-style-type: none"> (1) Dopamine agonists (e.g., pramipexole, ropinirole) (2) Catechol-O-methyl transferase (COMT) inhibitors (e.g., entacapone) (3) Monoamine oxidase (MAO) B inhibitors (e.g., rasagiline, selegiline) <p style="text-align: center;">Authorization will be issued for 6 months.</p> <p>B. <u>Reauthorization</u></p> <p>1. Nouranz will be approved based on <u>BOTH</u> of the following criterion:</p>

<p>a. Documentation of positive clinical response to Nourianz therapy</p> <p style="text-align: center;">-AND-</p> <p>b. Patient will continue to receive treatment with a carbidopa/levodopa-containing medication</p> <p>Authorization will be issued for 12 months.</p>
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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. Nourianz [package insert]. Bedminster; NJ: Kyowa Kirin, Inc; August 2019
2. Lang T, Tarsy D. Medical management of motor fluctuations and dyskinesia in Parkinson disease. In: UpToDate, Hurtig HI (ed). UpToDate. Waltham, MA. Accessed October 2020.

Program	Prior Authorization – Nourianz (istradefylline)
Change Control	
12/2019	New program
12/2020	Annual review. Updated references.