Prior Authorization criteria: Parkinson's Disease
Approved by P&T committee: May 2018

Catachol-O-methyl transferase (COMT) Inhibitors and combination therapy

Formulary Medications	Dosage form	FDA approved dosing
Entacapone (Comtan)	200mg tablets	200mg with each dose of carbidopa/levodopa, up to a max of 8 times daily (1600mg per day)
Carbidopa-levodopa-entacapone	12.5-50-200mg tablet	Maximum daily dose of 8 tablets
Carbidopa-levodopa-entacapone	18.75-75-200mg tablet	Maximum daily dose of 8 tablets
Carbidopa-levodopa-entacapone	25-100-200mg tablet	Maximum daily dose of 8 tablets
Carbidopa-levodopa-entacapone	31.25-125-200mg tablet	Maximum daily dose of 8 tablets
Carbidopa-levodopa-entacapone	37.5-150-200mg tablet	Maximum daily dose of 8 tablets
Carbidopa-levodopa-entacapone	50-200-200mg tablet	Maximum daily dose of 8 tablets

*Request for non-formulary agents must meet all coverage criteria requirements and include documentation demonstrating inability to use formulary therapies for the treatment of Parkinson's disease

New Start Criteria

1. Is member being treated for an OHP funded condition? *Review for a relevant comorbid condition. Treatment of Restless Legs Syndrome is not an OHP funded condition.*
    a. Yes; move to question 2
    b. No; Deny category 1: Not a covered benefit

2. Is the medication being used for the treatment of Parkinson's disease?
    a. Yes; move to question 3
    b. No; Deny category 3: Not a covered benefit

3. Has the member developed dyskinesia or motor fluctuations despite optimal levodopa therapy (with 80% or greater adherence)?
    a. Yes; move to question 4
    b. No; Deny category 5: Not medically appropriate

4. Is the requested medication a combination product containing carbidopa-levodopa-entacapone?
    a. Yes; move to question 7.
    b. No; move to question 5.

5. Is the requested medication entacapone and will the medication be used in combination with carbidopa-levodopa therapy?
    a. Yes; move to question 6
    b. No; Deny category 3: Not a covered benefit.

6. Is the member unable to use the combination carbidopa-levodopa-entacapone tablets, and is requested therapy within FDA dosing limits?
    a. Yes: approve for 12 months
    b. No: Deny category 5: Not medically appropriate. *Preferred formulary option carbidopa-levodopa-entacapone.* Category 3 denial if not dosed within FDA limits.

7. Is requested medication prescribed within FDA approved dosing limits? *Pharmacist to confirm dose optimization.*

a. Yes; approve for 12 months
b. No: Deny category 3: Not a covered benefit

Dopamine Agonists

Formulary Medication	Dosage form	Formulary restriction	FDA approved dosing
Pramipexole	0.125mg, 0.25mg, 0.5mg, 0.75mg, 1mg, 1.5mg tablet	No restriction	0.5-1.5mg three times daily
Ropinirole	0.25mg, 0.5mg, 1mg, 2mg tablets	QL 60 tablets per 30 days	Three times daily dosing: up to 24mg daily
Ropinirole	3mg, 4mg 5mg tablet	PA required	Three times daily dosing: up to 24mg daily
Ropinirole	2mg, 4mg, 6mg, 8mg 12mg ER tablets	PA required	Once daily dosing: up to 24mg daily

*Request for non-formulary agents must meet all coverage criteria requirements and include documentation demonstrating inability to use formulary therapies for the treatment of Parkinson's disease.

New Start Criteria

1. Is member being treated for an OHP funded condition? *Review for a relevant comorbid condition. Treatment of Restless Legs Syndrome is not an OHP funded condition.*
    a. Yes; move to question 2
    b. No; Deny category 1: Not a covered benefit

2. Is the medication being used for the treatment of Parkinson's disease?
    a. Yes; move to question 3
    b. No; Deny category 3: Not a covered benefit

3. Does the member have one of the following:
    - Diagnosis of early stage Parkinson's disease with motor symptoms that do not impact quality of life
    - Dyskinesia or motor fluctuations development despite optimal carbidopa-levodopa therapy (with 80% or greater adherence)?
    a. Yes; move to question 4
    b. No; deny category 5: Not medically appropriate

4. Is the request for the immediate release formulation?
    a. Yes; move to question 6
    b. No; move to question 5

5. Is the request for extended release ropinirole* and is the member unable to use pramipexole or ropinirole immediate release formulations?
    a. Yes; move to question 6
    b. No; Deny category 5: Not medically appropriate

6. Is the requested medication dosed within FDA approved dosing limits? *Pharmacist to confirm appropriate dose optimization.*
    a. Yes; Approve for 12 months
    b. No; Deny category 3: Not a covered benefit

Prior Authorization criteria: Parkinson's Disease
Approved by P&T committee: May 2018

Monoamine Oxidase (MAO) Inhibitor

Formulary Medications	Dosage forms	FDA approved dosing
Selegiline	5mg capsule	5mg twice daily. Max 10mg daily
Selegiline	5mg tablet	5mg twice daily. Max 10mg daily

*Request for non-formulary agents must meet all coverage criteria requirements and include documentation demonstrating inability to use formulary therapies for the treatment of Parkinson's disease

New Start Criteria

1. Is member being treated for an OHP funded condition? *Review for a relevant comorbid condition. Treatment of Restless Legs Syndrome is not an OHP funded condition.*
    a. Yes; move to question 2
    b. No; Deny category 1: Not a covered benefit

2. Is the medication being used for the treatment of Parkinson's disease?
    a. Yes; move to question 3
    b. No; Deny category 3: Not a covered benefit

3. Does the member have one of the following:
    - Diagnosis of early stage Parkinson's disease with motor symptoms that do not impact quality of life
    - Dyskinesia or motor fluctuations development despite optimal carbidopa-levodopa therapy (with 80% or greater adherence)?
    a. Yes; move to question 4
    b. No; deny category 5: Not medically appropriate

4. Is the requested medication dosed within FDA approved limits?
    a. Yes; approve for 12 months
    b. No; Deny category 3: Not medically appropriate

Continuation of therapy Criteria (COMT inhibitors, dopamine agonists, MAO-B inhibitors)

1. Has the member experienced any of the following symptom improvements since initiation of therapy:
    - Improvement or stability in motor symptoms
    - Improvement or stability in activities in daily living
    - Reduction in "off" time compared to carbidopa-levodopa therapy
    a. Yes; move to question 2
    b. No; Deny category 5: Not medically appropriate

2. Has the member been adherent to prescribed regimen (including carbidopa-levodopa therapy if applicable)
    a. Yes; approve for 12 months
    b. No; deny category 5: Not medically appropriate