Anti-Parkinson's Agents

NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the Parkinson's agents drug policy is to ensure appropriate selection of patients for therapy based on product labeling, clinical guidelines and clinical studies and to direct cost-effective use.

Requip XL™ (extended-release ropinirole) and Mirapex ER® (extended-release pramipexole) are approved by the Food and Drug Administration (FDA) for the treatment of signs and symptoms of idiopathic Parkinson's disease.

Neupro (rotigotine) is a transdermal patch is approved for the treatment of Parkinson disease and moderate to severe primary restless legs syndrome.

Nourianz (istradefylline) is approved for the treatment of Parkinson disease, in combination with carbidopa/levodopa, in adult patients experiencing "off" episodes.

Tasmar (tolcapone) is approved as an adjunct to carbidopa and levodopa for the signs and symptoms of idiopathic Parkinson disease. Tasmar has a boxed warning due to risk of potentially fatal acute fulminant liver failure and should be reserved for patients that are not a candidate for other adjunctive therapies.

Xadago (safinamide) is approved as an adjunctive treatment to carbidopa/levodopa in patients with Parkinson disease experiencing "off" episodes.

Zelapar (selegiline) is an oral disintegrating tablet approved as an adjunct in the management of patients with Parkinson disease being treated with levodopa/carbidopa who exhibit deterioration in the quality of their response to this therapy.

Gocovri (amantadine) is an extended-release capsule approved for treatment of dyskinesia in patients with Parkinson disease receiving levodopa-based therapy, with or without concomitant dopaminergic medications.

Osmolex ER (amantadine) is an extended-release tablet approved for the treatment of Parkinson disease and drug-induced extrapyramidal reactions in adult patients.

Inbrija (levodopa) is an inhaled therapy approved for the intermittent treatment of 'off" episodes in patients with Parkinson disease treated with carbidopa/levodopa.

Rytary (carbidopa/levodopa) is a combination of carbidopa and levodopa approved for the treatment of Parkinson's disease, post-encephalitic parkinsonism, and parkinsonism that may follow carbon monoxide or manganese intoxication.

Ongentys (opicapone) is an oral tablet approved as an adjunctive treatment to levodopa/carbidopa in patients with Parkinson's disease experiencing "off" episodes.

Kynmobi (apomorphine) is a sublingual film non-ergoline dopamine agonist indicated for the acute, intermittent treatment of "off" episodes in patients with Parkinson's disease.

POLICY

Requip XL (ropinirole) and Mirapex ER (pramipexole) and generics

Criteria for Initial Approval

I. Extended-release ropinirole and extended-release pramipexole may be considered **medically necessary** for the management of the signs and symptoms of idiopathic Parkinson's disease in patients 18 years of age or older who have tried and failed immediate-release formulations of ropinirole and pramipexole.

   Note: Patient must try and fail immediate release product of extended-release product requested.

II. Extended-release ropinirole may be considered medically necessary for the management of restless legs syndrome in patients 18 years of age or older who have tried and failed the immediate-release formulation of ropinirole.

Approval will be granted for **lifetime.**

Extended-release ropinirole and extended-release pramipexole are considered **not medically necessary** for patients who do not meet the criteria set forth above.

Neupro (rotigotine) patch

Criteria for Initial Approval

I. Neupro may be considered **medically necessary** for the management of Parkinson's disease in patients 18 years of age or older who have tried and failed extended-release ropinirole or pramipexole unless they have a documented intolerance, FDA labeled contraindication, or hypersensitivity, or the member is currently receiving treatment with the requested product through insurance (excludes obtainment as samples or via manufacturer's patient assistance programs) and experiencing a positive therapeutic outcome

II. Neupro may be considered **medically necessary** for the management of restless legs syndrome in patients 18 years of age or older who have tried and failed extended-release ropinirole unless they have a documented intolerance, FDA labeled contraindication, or

hypersensitivity, or the member is currently receiving treatment with the requested product through insurance (excludes obtainment as samples or via manufacturer's patient assistance programs) and experiencing a positive therapeutic outcome

Initial approval will be granted for **6 months**.

Criteria for Continuation

Approval of **12 months** will be granted for members with Parkinson's disease that meet all initial criteria for approval and are experiencing a noticeable symptomatic benefit as demonstrated by a reduction in off episodes since initiating therapy with the requested medication.

Approval of **12 months** will be granted for members with restless legs syndrome that meet all initial criteria for approval and are experiencing a clinical benefit as demonstrated by an improvement in quality of life, daytime functioning, or sleep since initiating therapy with the requested medication.

Nourianz (istradefylline)

Criteria for Initial Approval

III. Nourianz may be considered **medically necessary** for the management of "off" episodes associated with Parkinson's disease in patients 18 years of age and older when ALL of the following criteria are met:

- Member has a confirmed diagnosis of Parkinson's disease and is experiencing "off" episodes despite receiving a stable dosage of concurrent carbidopa/levodopa
- Member has experienced an inadequate response to a maximally tolerated dose or has a documented intolerance, FDA labeled contraindication, or hypersensitivity to at least one agent in each of the following classes:
    i. Dopamine agonist (e.g. bromocriptine, pramipexole, ropinirole, rotigotine)
    ii. MAO type B inhibitor (e.g. rasagiline, safinamide, selegiline) unless there is a clinical reason to avoid therapy
    iii. COMT inhibitor (e.g. entacapone, tolcapone)

  UNLESS the member is currently receiving treatment with the requested product through insurance (excludes obtainment as samples or via manufacturer's patient assistance programs) and experiencing a positive therapeutic outcome
- Member will be using the requested medication as an adjunct to therapy with carbidopa/levodopa

Initial approval will be granted for **6 months**.

Criteria for Continuation

Approval of **12 months** will be granted for members that meet all initial criteria for approval and are experiencing a noticeable symptomatic benefit as demonstrated by a reduction in off episodes since initiating therapy with the requested medication.

Tasmar and generic (tolcapone)

Criteria for Initial Approval

I. Tolcapone may be considered **medically necessary** for the management of the signs and symptoms of idiopathic Parkinson's disease when ALL of the following criteria are met:

- Member has a confirmed diagnosis of idiopathic Parkinson's disease
- Member has experienced an inadequate response to a maximally tolerated dose or has a documented intolerance, FDA labeled contraindication, or hypersensitivity to at least one agent in each of the following classes:
    i. Dopamine agonist (e.g. rotigotine, bromocriptine, pramipexole, ropinirole)

ii. MAO type B inhibitor (e.g. rasagiline, safinamide, selegiline) unless there is a clinical reason to avoid therapy
iii. Another COMT inhibitor (e.g. entacapone, generic Stalevo)

UNLESS the member is currently receiving treatment with the requested product through insurance (excludes obtainment as samples or via manufacturer's patient assistance programs) and experiencing a positive therapeutic outcome

- Member will be using the requested medication as an adjunct to therapy with carbidopa/levodopa

Initial approval will be granted for **1 month**.

Criteria for Continuation

Approval of **12 months** will be granted for members that meet all initial criteria for approval, are experiencing a noticeable symptomatic benefit, and have been evaluated for and are not exhibiting any signs of hepatic injury.

Xadago (safinamide)

Criteria for Initial Approval

I. Xadago may be considered **medically necessary** for the management of "off" episodes associated with Parkinson's disease when ALL of the following criteria are met:

- Member has a confirmed diagnosis of Parkinson's disease and is experiencing "off" episodes despite receiving a stable dosage of carbidopa/levodopa
- Member has experienced an inadequate response to a maximally tolerated dose or has a documented intolerance, FDA labeled contraindication, or hypersensitivity to at least one agent in each of the following classes:
  i. Dopamine agonist (e.g., rotigotine, pramipexole, ropinirole, bromocriptine)
  ii. Another MAO type B inhibitor (e.g. rasagiline, selegiline)

  UNLESS the member is currently receiving treatment with the requested product through insurance (excludes obtainment as samples or via manufacturer's patient assistance programs) and experiencing a positive therapeutic outcome
- Member will be using the requested medication as an adjunct to therapy with carbidopa/levodopa

Initial approval will be granted for **6 months**.

Criteria for Continuation

Approval of **12 months** will be granted for members that meet all initial criteria for approval and are experiencing a noticeable symptomatic benefit.

Zelapar (selegiline) ODT

Criteria for Initial Approval

I. Zelapar may be considered **medically necessary** for the management of patients with Parkinson's disease being treated with carbidopa/levodopa who exhibit deterioration in the quality of their response to this therapy when ALL of the following criteria are met:

- Member has a confirmed diagnosis of Parkinson's disease and has exhibited a deterioration in the quality of their response to carbidopa/levodopa despite receiving an optimized, stable dosage regimen
- Member has experienced an inadequate response to a maximally tolerated dose or has a documented intolerance, FDA labeled contraindication, or hypersensitivity to selegiline capsules AND at least one agent in each of the following classes:
  i. Dopamine agonist (e.g. bromocriptine, pramipexole, ropinirole, rotigotine)

ii. Another MAO type B inhibitor (e.g. rasagiline, safinamide)

UNLESS the member is currently receiving treatment with the requested product through insurance (excludes obtainment as samples or via manufacturer's patient assistance programs) and experiencing a positive therapeutic outcome

- Member will be using the requested medication as an adjunct to therapy with carbidopa/levodopa

Initial approval will be granted for **6 months**.

Criteria for Continuation

Approval of **12 months** will be granted for members that meet all initial criteria for approval and are experiencing a noticeable symptomatic benefit.

Gocovri (extended-release amantadine)

Criteria for Initial Approval

I. Gocovri may be considered **medically necessary** for the management of dyskinesia in patients with Parkinson disease receiving levodopa-based therapy, with or without concomitant dopaminergic medications when ALL of the following criteria are met:

- Member has a confirmed diagnosis of Parkinson's disease and is experiencing dyskinesia despite receiving a stable dosage of carbidopa/levodopa
- Member has experienced an inadequate response to a maximally tolerated dose or has a documented intolerance, FDA labeled contraindication, or hypersensitivity to generic immediate-release amantadine AND at least one agent in each of the following classes:
  i. Dopamine agonist (e.g. bromocriptine, pramipexole, ropinirole, rotigotine)
  ii. MAO type B inhibitor (e.g. rasagiline, safinamide, selegiline) unless there is a clinical reason to avoid therapy

UNLESS the member is currently receiving treatment with the requested product through insurance (excludes obtainment as samples or via manufacturer's patient assistance programs) and experiencing a positive therapeutic outcome

Initial approval will be granted for **6 months**.

Criteria for Continuation

Approval of **12 months** will be granted for members that meet all initial criteria for approval and are experiencing a noticeable symptomatic benefit.

Osmolex (extended-release amantadine)

Criteria for Initial Approval

I. Osmolex may be considered **medically necessary** for the management of Parkinson's disease when ALL of the following criteria are met:

- Member has experienced an inadequate response to a maximally tolerated dose or has a documented intolerance, FDA labeled contraindication, or hypersensitivity to generic immediate-release amantadine AND at least one agent in each of the following classes:
  i. Dopamine agonist (e.g. bromocriptine, pramipexole, ropinirole, rotigotine)
  ii. MAO type B inhibitor (e.g. rasagiline, safinamide, selegiline) unless there is a clinical reason to avoid therapy

UNLESS the member is currently receiving treatment with the requested product through insurance (excludes obtainment as samples or via manufacturer's patient assistance programs) and experiencing a positive therapeutic outcome

II. Osmolex may be considered **medically necessary** for the treatment of drug-induced extrapyramidal reactions in adult members when ALL of the following criteria are met:
- The prescriber has assessed and adjusted, if applicable, any medications known to cause extrapyramidal symptoms
- Member has experienced an inadequate response to a maximally tolerated dose or has a documented intolerance, FDA labeled contraindication, or hypersensitivity to generic immediate-release amantadine UNLESS the member is currently receiving treatment with the requested product through insurance (excludes obtainment as samples or via manufacturer's patient assistance programs) and experiencing a positive therapeutic outcome

Initial approval will be granted for **6 months**.

Criteria for Continuation

Approval of **12 months** will be granted for members that meet all initial criteria for approval and are experiencing a noticeable symptomatic benefit.

Inbrija (levodopa) inhalation

Criteria for Initial Approval

I. Inbrija may be considered **medically necessary** for the management of intermittent "off" episodes associated with Parkinson's disease when ALL of the following criteria are met:
- Member has a confirmed diagnosis of Parkinson's disease and is experiencing intermittent "off" episodes despite receiving a stable dosage of concurrent carbidopa/levodopa
- Member has experienced an inadequate response to a maximally tolerated dose or has a documented intolerance, FDA labeled contraindication, or hypersensitivity to at least one agent in each of the following classes used in combination with carbidopa/levodopa:
    i. Dopamine agonist (e.g. bromocriptine, pramipexole, ropinirole, rotigotine)
    ii. MAO type B inhibitor (e.g. rasagiline, safinamide, selegiline) unless there is a clinical reason to avoid therapy

  UNLESS the member is currently receiving treatment with the requested product through insurance (excludes obtainment as samples or via manufacturer's patient assistance programs) and experiencing a positive therapeutic outcome
- Member will be using the requested medication as an adjunct to therapy with carbidopa/levodopa

Initial approval will be granted for **6 months**.

Criteria for Continuation

Approval of **12 months** will be granted for members that meet all initial criteria for approval and are experiencing a noticeable symptomatic benefit as demonstrated by a reduction in off episodes since initiating therapy with the requested medication.

Rytary (carbidopa/levodopa)

Criteria for Approval

I. Rytary may be considered medically necessary for the management of Parkinson's disease when the following criteria are met:
- Member has a confirmed diagnosis of Parkinson's disease
- Member has experienced an inadequate response to a maximally tolerated dose or has a documented intolerance, FDA labeled contraindication, or hypersensitivity to generic extended-release carbidopa/levodopa

Approval will be granted for **lifetime**.

Ongentys (opicapone)

Criteria for Initial Approval

I. Ongentys may be considered **medically necessary** for the management of intermittent "off" episodes associated with Parkinson's disease when ALL of the following criteria are met:
   - Member has a confirmed diagnosis of Parkinson's disease and is experiencing intermittent "off" episodes despite receiving a stable dosage of concurrent carbidopa/levodopa
   - Member has experienced an inadequate response, despite demonstrated adherence to, a maximally tolerated dose or has a documented intolerance, FDA labeled contraindication, or hypersensitivity to at least one agent in each of the following classes:
     i. Dopamine agonist (e.g. rotigotine, bromocriptine, pramipexole, ropinirole)
     ii. MAO type B inhibitor (e.g. rasagiline, safinamide, selegiline) unless there is a clinical reason to avoid therapy
     iii. Another COMT inhibitor (e.g. entacapone, generic Stalevo)

     UNLESS the member is currently receiving treatment with the requested product through insurance (excludes obtainment as samples or via manufacturer's patient assistance programs) and experiencing a positive therapeutic outcome
   - Member will be using the requested medication as an adjunct to therapy with carbidopa/levodopa

Initial approval will be granted for **6 months**.

Criteria for Continuation

Approval of **12 months** will be granted for members that meet all initial criteria for approval and are experiencing a noticeable symptomatic benefit as demonstrated by a reduction in off episodes since initiating therapy with the requested medication.

Kynmobi (apomorphine) sublingual film

Criteria for Initial Approval

I. Kynmobi may be considered **medically necessary** for the management of acute, intermittent treatment of "off" episodes associated with Parkinson's disease when ALL of the following criteria are met:
   - Must be prescribed by, or in consultation with, a board-certified neurologist
   - Member has a confirmed diagnosis of Parkinson's disease and is experiencing acute, intermittent "off" episodes despite receiving a stable dosage of carbidopa/levodopa and meets all of the following:
     i. Member is experiencing between 1-5 well-defined early morning "off" episodes per day; AND
     ii. Member is experiencing a total daily "off" time duration of ≥2 hours during each waking day
   - Member has experienced an inadequate response to a maximally tolerated dose or has a documented intolerance, FDA labeled contraindication, or hypersensitivity to at least one agent in each of the following classes:
     i. Dopamine agonist (e.g. rotigotine, bromocriptine, pramipexole, ropinirole)
     ii. MAO type B inhibitor (e.g. rasagiline, safinamide, selegiline) unless there is a clinical reason to avoid therapy
     iii. COMT inhibitor (e.g. entacapone, tolcapone)

     UNLESS the member is currently receiving treatment with the requested product through insurance (excludes obtainment as samples or via manufacturer's patient assistance programs) and experiencing a positive therapeutic outcome

- Member will be using the requested medication as an adjunct to therapy with carbidopa/levodopa
- Member will NOT be using Kynmobi (apomorphine sublingual film) and a 5HT3 antagonist (e.g., ondansetron, dolasetron, palonosetron) concomitantly
- The requested drug will be administered under the direct supervision of a healthcare provider until a stable dosage regimen is achieved

Initial approval will be granted for **6 months.**

Criteria for Continuation
Approval of **12 months** will be granted for members that meet all initial criteria for approval and are experiencing a noticeable symptomatic benefit as demonstrated by a reduction in off episodes since initiating therapy with the requested medication.

Quantity Limits
Ongentys – 30 tablets or capsules per 30 days
Kynmobi – 150 films per 30 days

CLINICAL RATIONALE

Parkinson's disease (PD) is a neurodegenerative disorder characterized by resting tremor, rigidity, bradykinesia, akinesia, and postural instability. Non-motor symptoms also can manifest and include psychiatric and sensory symptoms as well as sleep disorders. PD primarily targets neurons in the substantia nigra, some of which produce dopamine which is responsible for the control of movement. As PD progresses, the amount of dopamine produced in the brain decreases, resulting in the inability of a person to effectively control his or her movement.

Ropinirole and pramipexole are dopamine agonists that increase the brain's dopamine levels through direct stimulation of dopamine receptors. Both agents are generically available in immediate-release preparations that are dosed up to three times a day. However, some patients experience a "wearing-off" phenomenon with the immediate-release formulations, which leads to fluctuations in symptom response. More frequent dosing of immediate-releasing formulation as well as long-acting formulations of both ropinirole and pramipexole are options to help prevent this "wearing-off" phenomenon.

Studies that have compared the extended-release formulations against immediate-release formulations have found them to be non-inferior, with similar safety and efficacy for both early and advanced Parkinson's Disease. Based upon these outcomes, it is recommended that patients try and fail the less expensive immediate-release formulations before use of the longer-acting agents.

The immediate- and extended-release preparations of ropinirole and pramipexole have been shown to be effective in both early and advanced stages of PD. The immediate-release preparations are also indicated in the treatment of restless leg syndrome (RLS). Treatment of RLS with dopaminergic agents is sometimes characterized by augmentation, in which there is an increase in the severity of RLS symptoms. The extended-release preparations are not FDA approved for restless leg syndrome (RLS) and have not been well studied. Current recommendations for treatment when augmentation occurs include lowering the dose of the dopamine agonist and dosing twice daily rather than daily or switching to a non-dopaminergic agent.

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- No applicable codes.

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POLICY HISTORY

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