

PRIOR AUTHORIZATION POLICY

POLICY: Parkinson's Disease – Nourianz Prior Authorization Policy

- Nourianz™ (istradefylline tablets – Kyowa Kirin)

REVIEW DATE: 08/19/2020

OVERVIEW

Nourianz, an adenosine receptor antagonist, is indicated as adjunctive treatment to levodopa/carbidopa in adult patients with Parkinson's disease experiencing "off" episodes.¹

Guidelines

The American Academy of Neurology published guidelines in 2006 on the treatment of Parkinson's disease with motor fluctuations and dyskinesia.² The guidelines are dated and do not include more recently approved medications. It is recommended to offer entacapone and rasagiline to reduce "off" time (Level A). Pergolide (withdrawn from the market in 2007 due to risk of valvular fibrosis), pramipexole, ropinirole, and tolcapone (used with caution; requires monitoring for hepatotoxicity) should be considered to reduce "off" time (Level B). Apokyn® (apomorphine hydrochloride injection), cabergoline, and selegiline may be used to reduce "off" time (Level C). According to the guidelines, the available evidence does not establish superiority of one medication over another in reducing "off" time (Level B). Sustained-release levodopa/carbidopa and bromocriptine should not be considered to reduce "off" time (Level C). Amantadine may be used to reduce dyskinesia (Level C).

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Nourianz. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Nourianz as well as the monitoring required for adverse events and long-term efficacy, approval requires Nourianz to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Nourianz is recommended in those who meet the following criteria:

FDA-Approved Indications

1. **Parkinson's Disease.** Approve Nourianz for 1 year if patient meets both of the following (A and B):
 - A) Patient is currently taking carbidopa-levodopa; AND
 - B) Patient is experiencing "off" episodes such as muscle stiffness, slow movements, or difficulty starting movements; AND
 - C) Nourianz is prescribed by or in consultation with a neurologist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Nourianz is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Nourianz™ [prescribing information]. Bedminster, NJ: Kyowa Kirin, Inc.; May 2020.
2. Pahwa R, Factor SA, Lyons KE, et al. Practice parameter: Treatment of Parkinson disease with motor fluctuations and dyskinesia (an evidence-based review). Report of the quality standards subcommittee of the American Academy of Neurology. *Neurology*. 2006;66:983-995.