

Policy Name:	Nourianz (istradefylline)	Policy #:	2768P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Nourianz.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Nourianz under the specialty pharmacy benefit, when the following criteria have been met:

Criteria

1. Coverage Criteria

- 1.1 Diagnosis of Parkinson's disease
- 1.2 Age 18 years or older
- 1.3 Ordered by or in consultation with a neurologist (central nervous system doctor)
- 1.4 Documentation that member is experiencing "off" episodes (return of Parkinson's symptoms) while receiving a carbidopa/levodopa regimen where attempts have been made to adjust the carbidopa/levodopa dose and/or formulation in order to manage symptoms without success
- 1.5 Member will continue treatment with carbidopa/levodopa in combination with Nourianz
- 1.6 Documentation that member has had previous inadequate response, intolerance, or contraindication to at least two different classes of medications for the treatment of Parkinson's disease
 - Monamine oxidase type B inhibitors
 - Dopamine agonists
 - Catechol-O-methyl transferase inhibitors

2. Approval Period

- 2.1 Initial Approval: 12 months
- 2.2 Subsequent Approval: 12 months with documented stabilization of disease or in absence of disease progression

CPT Codes

HCPCS Codes

References

1. Nourianz (istradefylline) [prescribing information]. Bedminister, NJ: Kyowa Kirin Inc: March 2023.
2. Fox S, Katzenschlager R, Lim S, et al. International Parkinson and Movement Disorder Society Evidence-Based Medicine Review: Update on Treatments for the Motor Symptoms of Parkinson's Disease.
3. Connolly B, Lang A. Pharmacological Treatment of Parkinson Disease: A Review. JAMA: The Journal of the American Medical Association. April 23/30, 2014, Volume 311 (16), p 1670–1683.
4. Pringsheim T, Day G, Smith D, et al on behalf of the Guideline Subcommittee of the AAN. Dopaminergic Therapy for Motor Symptoms in Early Parkinson Disease Practice Guideline Summary A Report of the AAN Guideline Subcommittee. Neurology. Nov 2021, 97 (20) 942-957

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.