

## Nourianz (istradefylline)

### Coverage Criteria:

1. Patient is  $\geq 18$  years old and diagnosed with Parkinson's Disease with at least 2 hours of "OFF" episodes per day; and,
2. Prescribed by or in consultation with a neurologist; and,
3. Patient is currently taking carbidopa/levodopa at least 4 times per day; and,
4. Patient has tried and failed at least one of the following agents (e.g. dopamine agonist, COMT inhibitor, or MAO-B inhibitor) for at least 4 weeks, in combination with carbidopa/levodopa, to reduce number and frequency of "OFF" episodes:
  - a. Rasagiline; or,
  - b. Ropinirole; or,
  - c. Entacapone; or,
  - d. Pramipexole; or,
  - e. Rotigotine; or ,
  - f. Selegiline; and,
5. Prescribed within the FDA approved dosing regimen.

### Coverage Duration:

Initial authorizations will be provided for 6 months.

Reauthorizations will be provided for 12 months.

### Renewal Criteria:

1. Patient continues to satisfy all initial authorization criteria; and,
2. Provider documentation of reduced "OFF" period frequency or improvement in "OFF" period symptoms with use of Nourianz.