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.

FDA-Approved Indications

Crexont (extended -release 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 intoxication or manganese intoxication in adults.

Gocovri (amantadine) is an extended-release capsule approved for treatment of dyskinesia in patients with Parkinson's disease receiving levodopa-based therapy, with or without concomitant dopaminergic medications. Gocovri is also approved as adjunctive treatment to levodopa/carbidopa in patients with Parkinson's disease experiencing "off" episodes.

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

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

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

Onapgo (apomorphine hydrochloride) is a subcutaneous infusion of apomorphine, a dopamine receptor agonist, approved for the treatment of motor fluctuations in adults with advanced Parkinson's Disease.

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

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

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.

Rytary (extended-release 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.

Tasmar (tolcapone) is approved as an adjunct to carbidopa and levodopa for the signs and symptoms of idiopathic Parkinson disease who experience motor fluctuations not responsive to other therapies. 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.

Vyalev (foscarbidopa/foslevodopa) is a subcutaneous infusion of a combination of foscarbidopa and foslevodopa approved for the treatment of motor fluctuations in adults with advanced Parkinson's disease (PD).

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.

Compendial Indication:
Requip XL™ (extended-release ropinirole) for the management of restless leg syndrome in adults.

POLICY

Crexont (extended-release carbidopa/levodopa)
Criteria for Initial Approval

1. Crexont may be considered medically necessary for the management of Parkinson's disease when the following criteria are met:
    A. Member has a confirmed diagnosis of Parkinson's disease
    B. 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 **12 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.

Gocovri (extended-release amantadine)

Criteria for Initial Approval

1. Gocovri may be considered **medically necessary** for the management of dyskinesia in patients with Parkinson's disease receiving levodopa-based therapy, with or without concomitant dopaminergic medications when ALL of the following criteria are met:
    A. Member has a confirmed diagnosis of Parkinson's disease and is experiencing dyskinesia despite receiving a stable dosage of carbidopa/levodopa
    B. 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:
        1) Dopamine agonist (e.g., bromocriptine, pramipexole, ropinirole, rotigotine)
        2) 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

2. Gocovri 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:
    A. Member has a confirmed diagnosis of Parkinson's disease and is experiencing "off" episodes despite receiving a stable dosage of concurrent carbidopa/levodopa
    B. Member will be using the requested medication as an adjunct to therapy with carbidopa/levodopa
    C. 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:
        1) Dopamine agonist (e.g., bromocriptine, pramipexole, ropinirole, rotigotine)
        2) MAO type B inhibitor (e.g., rasagiline, safinamide, selegiline) unless there is a clinical reason to avoid therapy
        3) 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

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

1. 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:
    A. Member has a confirmed diagnosis of Parkinson's disease and is experiencing intermittent "off" episodes despite receiving a stable dosage of concurrent carbidopa/levodopa

B. Member will be using the requested medication as an adjunct to therapy with carbidopa/levodopa
C. 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:
    1) Dopamine agonist (e.g., bromocriptine, pramipexole, ropinirole, rotigotine)
    2) 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 as demonstrated by a reduction in off episodes since initiating therapy with the requested medication.

Neupro (rotigotine) patch
Criteria for Initial Approval
1. 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
2. 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
1. 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:

A. Member has a confirmed diagnosis of Parkinson's disease and is experiencing "off" episodes despite receiving a stable dosage of concurrent carbidopa/levodopa
B. Member will be using the requested medication as an adjunct to therapy with carbidopa/levodopa
C. 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:
    1) Dopamine agonist (e.g., bromocriptine, pramipexole, ropinirole, rotigotine)
    2) MAO type B inhibitor (e.g., rasagiline, safinamide, selegiline) unless there is a clinical reason to avoid therapy
    3) 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

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.

Onapgo (apomorphine hydrochloride)

Criteria for Initial Approval

1. Onapgo may be considered medically necessary for the management of advanced Parkinson's disease when the following criteria are met:
    A. Member is levodopa responsive with clearly defined "on" periods
    B. The member has "off" periods of at least 2.5 hours per day despite optimization efforts
    C. The member must have had an inadequate response or intolerable adverse event with oral carbidopa/levodopa and one of the following anti-Parkinson agents:
        1) Dopamine agonist (e.g., pramipexole, ropinirole)
        2) Monoamine oxidase-B (MAO-B) inhibitor (e.g., selegiline, rasagiline)
        3) Catechol-O-methyltransferase (COMT) inhibitor (e.g., entacapone, tolcapone)

Approval will be granted for **6 months.**

Criteria for Continuation

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

Ongentys (opicapone)

Criteria for Initial Approval

1. 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:
    A. Member has a confirmed diagnosis of Parkinson's disease and is experiencing intermittent "off" episodes despite receiving a stable dosage of concurrent carbidopa/levodopa
    B. Member will be using the requested medication as an adjunct to therapy with carbidopa/levodopa
    C. 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:

1) Dopamine agonist (e.g., rotigotine, bromocriptine, pramipexole, ropinirole)
2) MAO type B inhibitor (e.g., rasagiline, safinamide, selegiline) unless there is a clinical reason to avoid therapy
3) 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

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.

Osmolex (extended-release amantadine)

Criteria for Initial Approval

1. Osmolex may be considered **medically necessary** for the management of Parkinson's disease when ALL of the following criteria are met:
   A. 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:
      1) Dopamine agonist (e.g., bromocriptine, pramipexole, ropinirole, rotigotine)
      2) 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

2. 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:
   A. The prescriber has assessed and adjusted, if applicable, any medications known to cause extrapyramidal symptoms
   B. 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.

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

Criteria for Initial Approval

1. 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.

2. 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 **12 months.**

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

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.

Rytary (extended-release carbidopa/levodopa)
Criteria for Initial Approval
1. Rytary may be considered medically necessary for the management of Parkinson's disease when the following criteria are met:
    A. Member has a confirmed diagnosis of Parkinson's disease
    B. 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 **12 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
1. 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:
    A. Member has a confirmed diagnosis of idiopathic Parkinson's disease
    B. Member will be using the requested medication as an adjunct to therapy with carbidopa/levodopa
    C. 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:
        1) Dopamine agonist (e.g., rotigotine, bromocriptine, pramipexole, ropinirole)
        2) MAO type B inhibitor (e.g., rasagiline, safinamide, selegiline) unless there is a clinical reason to avoid therapy
        3) 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

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.

Vyalev (foscarbidopa/foslevodopa)

Required Documentation

1. Submission of the following information is necessary to initiate the prior authorization review:
    A. Chart notes, medical record documentation, or claims history supporting previous medications tried, including response to therapy

Prescriber Specialties

1. This medication must be prescribed by or in consultation with a neurologist or a specialist in the treatment of Parkinson's disease

Criteria for Initial Approval

1. Vyalev may be considered medically necessary for the management of advanced Parkinson's disease when the following criteria are met:
    A. Member is levodopa responsive with clearly defined "on" periods
    B. The member has "off" periods of at least 2.5 hours per day despite optimization efforts
    C. The member must have had an inadequate response or intolerable adverse event with oral carbidopa/levodopa and one of the following anti-Parkinson agents:
        1) Dopamine agonist (e.g., pramipexole, ropinirole)
        2) Monoamine oxidase-B (MAO-B) inhibitor (e.g., selegiline, rasagiline)
        3) Catechol-O-methyltransferase (COMT) inhibitor (e.g., entacapone, tolcapone)

Approval will be granted for **12 months.**

Criteria for Continuation

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

Xadago (safinamide)

Criteria for Initial Approval

1. 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:
    A. Member has a confirmed diagnosis of Parkinson's disease and is experiencing "off" episodes despite receiving a stable dosage of carbidopa/levodopa
    B. Member will be using the requested medication as an adjunct to therapy with carbidopa/levodopa
    C. 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:
        1) Dopamine agonist (e.g., rotigotine, pramipexole, ropinirole, bromocriptine)
        2) 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

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

1. 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:
    A. 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
    B. Member will be using the requested medication as an adjunct to therapy with carbidopa/levodopa
    C. Member has experienced an inadequate response to a maximally tolerated dose or has a documented intolerance, FDA labeled contraindication, or hypersensitivity to selegiline capsules or tablets AND at least one agent in each of the following classes:
        1) Dopamine agonist (e.g., bromocriptine, pramipexole, ropinirole, rotigotine)
        2) 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

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.

Other

Members currently receiving the requested medication as samples or via the manufacturer's patient assistance program will be required to meet the criteria for initial approval. This ensures that members are treated equally regardless of their provider's ability to access medication samples.

Non-Formulary Exception Criteria

Non-Formulary Exception criteria applies to formularies which do not include the requested product(s) on the formulary drug list. Meeting the criteria above may satisfy some, or all, portions of the Non-Formulary Exception Criteria. A medication that is non-formulary may be covered when the Criteria for Approval AND the following criteria are met:

1. The requested drug must be used for an FDA-approved indication, or an indication supported in the compendia of current literature (examples: AHFS, Micromedex, current accepted guidelines). Diagnostic testing/lab results required when applicable.
2. The prescribed dose/quantity must fall within the FDA-approved labeling or dosing guidelines found in the compendia of current literature.
3. All covered formulary alternative drugs on any tier will be ineffective, have been ineffective, would not be as effective as the non-formulary drug, or would have adverse effects. Documentation is required and must include chart note(s) or other documentation indicating prior treatment failure, severity of the adverse event (if any), and dosage and duration of the prior treatment, or contraindication to formulary alternatives.

Quantity Limits
Crexont – 180 capsules per 30 days
Gocovri – 60 capsules per 30 days
Inbrija – 300 capsules per 30 days
Neupro – 30 patches per 30 days
Onapgo – 30 vials per 30 days
Ongentys – 30 capsules per 30 days
Osmolex – 30 tablets per 30 days
Requip XL – 60 tablets per 30 days
Vyalev – 60 vials 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.

- E0781 – Vyafuser pump (Vyalev)
- J3490 – Unclassified drugs
- J3590 – Unclassified biologics
- J7356 – Injection, foscarbidopa 0.25mg/foslevodopa 5mg
- J7799 – Noc drugs, other than inhalation drugs, administered through dme

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POLICY HISTORY

Policy #: 05.01.47
Original Effective Date: August 2008
Reviewed: January 2026
Revised: January 2026
Current Effective Date: July 24, 2025