



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2023 P 2181-5
Program	Prior Authorization/Medical Necessity
Medication	Nourianz® (istradefylline)
P&T Approval Date	12/2019, 12/2020, 12/2021, 12/2022, 12/2023
Effective Date	3/1/2024

**1. Background:**

Nourianz (istradefylline) is indicated as adjunctive treatment to levodopa/carbidopa in adult patients with Parkinson’s disease experiencing “off” episodes

Coverage will be provided for members who meet the following criteria.

**2. Coverage Criteria<sup>a</sup>:**

**A. Initial Authorization**

1. **Nourianz** will be approved based on **ALL** of the following criteria:

a. Diagnosis of Parkinson’s disease

**-AND-**

b. Used as adjunctive treatment to levodopa/carbidopa in patients experiencing “off” episodes

**-AND-**

c. History of failure, contraindication, or intolerance to **two** anti-Parkinson’s disease therapy from the following adjunctive pharmacotherapy classes (trial must be from two different classes):

- (1) Dopamine agonists (e.g., pramipexole, ropinirole)
- (2) Catechol-O-methyl transferase (COMT) inhibitors (e.g., entacapone)
- (3) Monoamine oxidase (MAO) B inhibitors (e.g., rasagiline, selegiline)

**Authorization will be issued for 6 months.**

**B. Reauthorization**

1. **Nouranz** will be approved based on **BOTH** of the following criterion:

a. Documentation of positive clinical response to Nourianz therapy

**-AND-**

b. Patient will continue to receive treatment with a carbidopa/levodopa-containing medication



**Authorization will be issued for 12 months.**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

**4. References:**

1. Nourianz [package insert]. Bedminster, NJ: Kyowa Kirin, Inc; March 2023.
2. Liang, T. Medical management of motor fluctuations and dyskinesia in Parkinson disease. In: UpToDate, Hurtig HI (ed). UpToDate. Waltham, MA. Accessed September 2023.
3. Fox, SH, 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. Movement Disorders. 2018.

Program	Prior Authorization/Medical Necessity – Nourianz (istradefylline)
<b>Change Control</b>	
12/2019	New program
12/2020	Annual review. Updated references.
12/2021	Annual review. Updated references.
12/2022	Annual review. Updated references.
12/2023	Annual review. Updated references.