

# SmartPA Criteria Proposal

|                                   |  |
|-----------------------------------|--|
| <b>Drug/Drug Class:</b>           | Anti-Parkinsonism, MAO-B Inhibitors PDL Edit   |
| <b>First Implementation Date:</b> | April 4, 2019  |
| <b>Proposed Date:</b>             | December 15, 2022  |
| <b>Prepared For:</b>              | MO HealthNet   |
| <b>Prepared By:</b>               | MO HealthNet/Conduent  |
| <b>Criteria Status:</b>           | <input checked="" type="checkbox"/> Existing Criteria<br><input type="checkbox"/> Revision of Existing Criteria<br><input type="checkbox"/> New Criteria |

## Executive Summary

**Purpose:** The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

**Why Issue Selected:** Parkinson's disease is a progressive, neurodegenerative disorder with cardinal motor features of tremor, bradykinesia, and rigidity. The disease affects more than 1.5 million Americans older than 50 years of age with the incidence increasing significantly with age. Despite advances in treatments over the years, there is no cure for Parkinson's. Symptomatic therapy can provide benefit for quite some time, but slow progression eventually results in significant disability. PD is characterized by a striatal dopamine deficiency. The degeneration of dopamine-containing neurons in the substantia nigra leads to the formation of Lewy bodies – intracellular neuronal inclusion bodies. A major treatment breakthrough was the replacement of dopamine in the brain by using levodopa. Although it provides benefit to nearly all PD patients, long-term use of levodopa is complicated by the development of motor fluctuations, dyskinesias, and neuropsychiatric complications.

In the human brain, dopamine is metabolized predominantly by monoamine oxidase B (MAO-B). Selective MAO-B inhibitors reduce the metabolism of dopamine and, thereby, prolong its effect. MAO-B inhibitors also potentiate the effects of levodopa. Like non-ergot dopamine agonists, selective MAO-B inhibitors are considered first-line therapy for early Parkinson's disease. Rasagiline (Azilect®) is a selective MAO-B inhibitor indicated to treat Parkinson's disease. Current evidence suggests that rasagiline's efficacy and safety is similar to that of the non-ergot dopamine receptor agonists.

Total program savings for the PDL classes will be regularly reviewed.

| Program-Specific Information: | Preferred Agents   | Non-Preferred Agents  |
|-------------------------------|--|---|
|                               | <ul style="list-style-type: none"> <li>Selegiline</li> </ul> | <ul style="list-style-type: none"> <li>Azilect®</li> <li>Rasagiline</li> <li>Xadago®</li> <li>Zelapar®</li> </ul> |

**Type of Criteria:**
 Increased risk of ADE
  Preferred Drug List
  Appropriate Indications
  Clinical Edit

Data Sources:  Only Administrative Databases

Databases + Prescriber-Supplied

## Setting & Population

- Drug class for review: Anti-Parkinsonism, MAO-B Inhibitors
- Age range: All appropriate MO HealthNet participants

## Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents
  - Documented trial period for preferred agents (60 days)
  - Documented ADE/ADR to preferred agents

## Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met

## Required Documentation

Laboratory Results:   
MedWatch Form:

Progress Notes:   
Other:

## Disposition of Edit

Denial: Exception "0160" (Preferred Drug List Edit)  
Rule Type: PDL

## Default Approval Period

1 year

## References

- Evidence-Based Medicine and Fiscal Analysis: "Antiparkinsonism – MAO-B Inhibitor Agents", Conduent, L.L.C., Richmond, VA; November 2021.
- Evidence-Based Medicine Analysis: "Anti-Parkinsonism, MOA-B Inhibitors", UMKC-DIC; September 2022.
- USPDI, Micromedex; 2022.
- Drug Facts and Comparisons On-line; 2022.