SmartPA Criteria Proposal

Drug/Drug Class:	Anti-Parkinsonism Non-Ergot Dopamine Agonists PDL Edit
First Implementation Date:	December 26, 2007
Proposed Date:	December 16, 2021
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	☒Existing Criteria ☐Revision of Existing Criteria ☐New Criteria

Executive Summary

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

Why Issue Selected: Parkinson's disease (PD) 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.

Dopamine agonists are often used as initial therapy in early PD. These agents have a levodopa-sparing effect and can reduce the frequency of off-periods. These agents are also FDA approved to treat restless legs syndrome (RLS), in which patients experience irrepressible sensations in the legs or arms while sitting or lying still.

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

Program-Specific Information:

Preferred Agents	Non-Preferred Agents
• Amantadine • Pramipexole • Ropinirole	• Apokyn® • Gocovri® • Kynmobi® • Mirapex® • Mirapex ER® • Neupro® • Osmolex® ER • Pramipexole ER • Requip® • Requip XL® • Ropinirole ER

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 Non-Ergot Dopamine Agonists
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  - Documented trial period for preferred agents
  - 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
- Claim exceeds maximum dosing limitations on the following:

Drug Description	Generic Equivalent	Maximum Dosing Limitations
GOCOVRI ER 68.5 MG CAPSULE	AMANTADINE HCL	1 capsule per day
GOCOVRI ER 137 MG CAPSULE	AMANTADINE HCL	2 capsules per day
KYNMOBI 10 MG SL FILM	APOMORPHINE HCL	5 films per day
KYNMOBI 15 MG SL FILM	APOMORPHINE HCL	5 films per day
KYNMOBI 20 MG SL FILM	APOMORPHINE HCL	5 films per day
KYNMOBI 25 MG SL FILM	APOMORPHINE HCL	5 films per day
KYNMOBI 30 MG SL FILM	APOMORPHINE HCL	5 films per day
MIRAPEX ER 0.375 MG TABLET	PRAMIPEXOLE	1 tablet per day
MIRAPEX ER 0.75 MG TABLET	PRAMIPEXOLE	1 tablet per day
MIRAPEX ER 1.5 MG TABLET	PRAMIPEXOLE	1 tablet per day
MIRAPEX ER 2.25 MG TABLET	PRAMIPEXOLE	1 tablet per day
MIRAPEX ER 3 MG TABLET	PRAMIPEXOLE	1 tablet per day
MIRAPEX ER 3.75 MG TABLET	PRAMIPEXOLE	1 tablet per day
MIRAPEX ER 4.5 MG TABLET	PRAMIPEXOLE	1 tablet per day
OSMOLEX ER 129 MG TABLET	AMANTADINE HCL	1 tablet per day
OSMOLEX ER 193 MG TABLET	AMANTADINE HCL	1 tablet per day
OSMOLEX ER 258 MG TABLET	AMANTADINE HCL	1 tablet per day
OSMOLEX ER 322 MG TABLET	AMANTADINE HCL	1 tablet per day
REQUIP XL 2 MG TABLET	ROPINIROLE	1 tablet per day
REQUIP XL 4 MG TABLET	ROPINIROLE	1 tablet per day
REQUIP XL 6 MG TABLET	ROPINIROLE	1 tablet per day
REQUIP XL 8 MG TABLET	ROPINIROLE	2 tablets per day
REQUIP XL 12 MG TABLET	ROPINIROLE	2 tablets per day

Required Documentation

Laboratory Results: ☐ Progress Notes: ☐
MedWatch Form: ☐ Other: ☐

Disposition of Edit

Denial: Exception Code “0160” (Preferred Drug List Edit)
Rule Type: PDL

Default Approval Period

1 year

References

- Evidence-Based Medicine and Fiscal Analysis: “Antiparkinsonism Agents – Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; November 2021.
- Evidence-Based Medicine Analysis: “Anti-Parkinsonism, Non-Ergot Dopamine Receptor Agonists”, UMKC-DIC; August 2021.
- USPDI, Micromedex; 2021.
- Drug Facts and Comparisons On-line; 2021.