

POLICY NAME	Nourianz (istradefylline)	POLICY #	2768P
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Criteria

Coverage Criteria

- ☐ 1.1 Diagnosis of Parkinson's disease
- ☐ 1.2 Age 18 years or older
- ☐ 1.3 Ordered by or in consultation with a neurologist (central nervous system doctor)
- ☐ 1.4 Documentation that member is experiencing "off" episodes (return of Parkinson's symptoms) while receiving a carbidopa/levodopa regimen where attempts have been made to adjust the carbidopa/levodopa dose and/or formulation in order to manage symptoms without success
- ☐ 1.5 Member will continue treatment with carbidopa/levodopa in combination with Nourianz
- ☐ 1.6 Documentation that member has had previous inadequate response, intolerance, or contraindication to at least two different classes of medications for the treatment of Parkinson's disease
 - Monamine oxidase type B inhibitors
 - Dopamine agonists
 - Catechol-O-methyl transferase inhibitors