



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 2181-6
Program	Prior Authorization/Medical Necessity
Medication	Nourianz [®] (istradefylline)
P&T Approval Date	12/2019, 12/2020, 12/2021, 12/2022, 12/2023, 12/2024
Effective Date	3/1/2025

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^a:

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 12 months.

B. Reauthorization

1. **Nourianz** 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.

^a 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)
Change Control	
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.
12/2024	Annual review. Updated initial authorization to 12 months.