



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

OPICAPONE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
OPICAPONE	ONGENTYS	45536		GPI-10 (7315306000)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of Parkinson's disease and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - The patient is experiencing "OFF" episodes
 - The patient is currently being treated with carbidopa/levodopa
 - The patient had a previous trial of, failure of, or contraindication to **TWO** Parkinson's disease agents from **TWO** different classes of the following:
 - Dopamine agonist (e.g., ropinirole, pramipexole, rotigotine)
 - Monoamine oxidase-inhibitors (MAO-I) (e.g., selegiline, rasagiline)
 - Adenosine receptor antagonist A2A (e.g., istradefylline)
 - Catechol-O-methyltransferase (COMT) inhibitors (e.g., entacapone, tolcapone)

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **OPICAPONE (Ongentys)** requires the following rule(s) be met for approval:

- A. You have Parkinson's disease (PD: a nerve system disorder that affects movement)
- B. You are 18 years of age or older
- C. You are experiencing 'OFF' episodes (times when you have symptoms return due to medication wearing off)
- D. You are currently being treated with carbidopa/levodopa
- E. You have tried or failed or have a contraindication (medical reason why you cannot use) to TWO Parkinson's disease medications from TWO different classes of medications:
 1. Dopamine agonist (such as ropinirole, pramipexole, rotigotine)
 2. Monoamine oxidase-inhibitors (MAO-I) (such as selegiline, rasagiline)
 3. Adenosine receptor antagonist A2A (such as istradefylline)
 4. Catechol-O-methyltransferase (COMT) inhibitors (such as entacapone, tolcapone)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Ongentys.

REFERENCES

- Ongentys [Prescribing Information]. San Diego, CA: Neurocrine Biosciences, Inc.; April 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 01/01/21

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P&T Approval: 10/20