



PRIOR AUTHORIZATION POLICY

POLICY: Parkinson's Disease – Nourianz Prior Authorization Policy

- Nourianz® (istradefylline tablets – Kyowa Kirin)

REVIEW DATE: 03/12/2025

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Nourianz, an adenosine receptor antagonist, is indicated as adjunctive treatment to carbidopa/levodopa in adults with **Parkinson's disease** experiencing "off" episodes.¹

Guidelines

The International Parkinson and Movement Disorder Society published an evidence-based review for treatment for motor symptoms of Parkinson's disease (2018).² The review categorically divides treatment recommendations by Parkinson's disease characteristics. Nourianz is noted to be likely efficacious and possibly useful for treatment of motor fluctuations.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Nourianz. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Nourianz as well as the monitoring required for adverse events and long-term efficacy, approval requires Nourianz to be prescribed by or in consultation with a physician who specializes in the condition being treated.

• **Nourianz® (istradefylline tablets – Kyowa Kirin)**
is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indication

- 1. Parkinson's Disease.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):
- A)** Patient is currently taking carbidopa/levodopa; AND
 - B)** Patient is experiencing "off" episodes; AND
Note: Examples of "off" episodes include muscle stiffness, slow movements, or difficulty starting movements.
 - C)** The medication is prescribed by or in consultation with a neurologist.

CONDITIONS NOT COVERED

Nourianz® (istradefylline tablets – Kyowa Kirin)
is(are) considered experimental, investigational or unproven for ANY other use(s) including the following; criteria will be updated as new published data are available

REFERENCES

- Nourianz® tablets [prescribing information]. Bedminster, NJ: Kyowa Kirin; March 2024.
- Fox SH, Katzenschlager R, Lim SY, et al. International Parkinson and movement disorder society evidence-based medicine review: Update on treatments for the motor symptoms of Parkinson's disease. *Mov Disord*. 2018;33(8):1248-1266.

HISTORY

| Type of Revision | Summary of Changes | Review Date |
|------------------|--|-------------|
| Annual Revision | No criteria changes. | 09/20/2023 |
| Annual Revision | No criteria changes. | 03/20/2024 |
| Annual Revision | Parkinson's Disease: Examples of evidence of "off" episodes were moved to a Note. | 03/12/2025 |

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