

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

ONGENTYS
(opicapone)

Status: CVS Caremark® Criteria
Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Ongentys is indicated as adjunctive treatment to levodopa/carbidopa in patients with Parkinson's disease (PD) experiencing "off" episodes.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed as adjunctive treatment to levodopa/carbidopa in a patient with Parkinson's disease (PD) experiencing "off" episodes

AND

- The patient has experienced an inadequate treatment response to a trial of generic carbidopa/levodopa/entacapone or generic entacapone used in combination with a generic levodopa/carbidopa product

OR

- The patient has experienced an intolerance to generic carbidopa/levodopa/entacapone or generic entacapone used in combination with a generic levodopa/carbidopa product

OR

- The patient has a contraindication that would prohibit a trial of generic carbidopa/levodopa/entacapone or generic entacapone used in combination with a generic levodopa/carbidopa product

Duration of Approval (DOA):

- 5464-A: DOA: 12 months

REFERENCES

1. Ongentys [package insert]. San Diego, CA: Neurocrine Biosciences, Inc.; April 2020.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed July 19, 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 07/19/2023).
4. Greenwood J, Pham H, Rey J. Opicapone: a third generation COMT inhibitor. Clin Park Relat Disord 2021(4):100083.

Ongentys PA Policy UDR 09-2023.docx

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