

**NOURIANZ
(istradefylline)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Parkinson's disease experiencing OFF episodes

AND ALL of the following:

1. Used in combination with carbidopa/levodopa
2. Inadequate control of Parkinson's symptoms on maximum tolerated doses of oral carbidopa/levodopa therapy
3. Prescriber agrees to monitor for dyskinesia
4. Prescriber agrees to monitor for non-motor side effects (such as hallucinations, delusions, confusion, somnolence, and impulse control disorder)
5. Prescriber agrees to monitor tobacco smokers and adjust Nourianz dose if necessary

Prior - Approval Limits

Quantity 90 tablets per 90 days

Duration 6 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Parkinson's disease experiencing OFF episodes

AND ALL of the following:

1. Improvement in Parkinson's symptoms
2. Used in combination with carbidopa/levodopa



**BlueCross
BlueShield**

Federal Employee Program.

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3. Prescriber agrees to monitor for dyskinesia
4. Prescriber agrees to monitor for non-motor side effects (such as hallucinations, delusions, confusion, somnolence, and impulse control disorder)
5. Prescriber agrees to monitor tobacco smokers and adjust Nourianz dose if necessary

Prior - Approval *Renewal* Limits

Quantity 90 tablets per 90 days

Duration 12 months