Selegiline (ODT) (Zelapar)

Effective: 7/1/15

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<td>Fax: 617-673-0956</td>
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OVERVIEW

FDA-APPROVED INDICATIONS

Zelapar®, a monoamine oxidase type B (MAO-B) inhibitor, is indicated as an adjunct in the management of patients with Parkinson’s disease being treated with levodopa/carbidopa who exhibit deterioration in the quality of their response to this therapy.

PHARMACY COVERAGE GUIDELINES

Tufts Health Plan – Network Health may authorize coverage of selegiline ODT (Zelapar) for members when the following criteria are met and limitations do not apply:

- The member is diagnosed with Parkinson’s disease
- The member is using selegiline concomitantly with levodopa/carbidopa
- One of the following:
  - The member is new to the health plan and is already stabilized on the medication or
  - There is difficulty with the administration of, an intolerance to, or a risk of non-compliance with one of the preferred monoamine oxidase inhibitors (MAO-I) agents, selegiline (oral) or rasagiline (oral)

LIMITATIONS

Approval will be limited to one year.

CODES

None

REFERENCES


APPROVAL HISTORY

- 1/13/15: Reviewed by the Pharmacy and Therapeutics Committee; added the need to use concomitantly with levodopa/carbidopa.

BACKGROUND, PRODUCT, AND DISCLAIMER INFORMATION

Pharmacy Medication Request Guidelines have been developed for determining coverage for Tufts Health Plan – Network Health benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They are used in conjunction with the applicable Member Handbook and in coordination with the member’s physician(s). Pharmacy Medication Request Guidelines are developed for selected therapeutic classes or drugs found to be safe but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the Tufts Health Plan – Network Health service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Tufts Health Plan – Network Health reviews Pharmacy Medication Request Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

Pharmacy Medication Request Guidelines apply to all insured offerings unless otherwise noted in this policy or the applicable Member Handbook. Check the applicable Preferred Drug List (formulary) in the pharmacy section of our website to determine if the drug requires you to get prior authorization.
For Tufts Health Unify (Medicare-Medicaid One Care for people ages 21 – 64), please refer to the *Tufts Health Unify Prior Authorization Medical Necessity Guidelines*.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines, when applicable, and adherence to plan policies and procedures and claims editing logic.