Premier Health Plan

POLICY AND PROCEDURE

POLICY TITLE: ***Mirapex ER (pramipexole ER) and Requip XL (ropinirole ER) Step***
DEPARTMENT: **Clinical Pharmacy Services- Utilization Management**
ORIGINAL DATE: ***July 2010 (as adopted from UPMC Health Plan)***

Last P & T Committee Approval Date: *February 2018*

Product Applicability: *mark all applicable products below:*

COMMERCIAL	[ ] HMO [ ] PPO *Products*: [ ] Small [ ] Indiv. [ ] Large *Exchange*: [ ] Shop [ ] Indiv. [x] All
OTHER	[x] Self-funded/ASO

PURPOSE

The purpose of this policy is to define the prior authorization process for Mirapex ER (pramipexole ER) and Requip XL (ropinirole ER).

Mirapex ER (pramipexole ER) and Requip XL (ropinirole ER) are both dopamine agonists indicated for the treatment of the signs and symptoms of Parkinson's disease.

DEFINITIONS

N/A

POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The drug, Mirapex ER (pramipexole ER) and Requip XL (ropinirole ER), is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed under the respective header:

1. **The criterion for automatic coverage of pramipexole extended-release (Mirapex ER) or ropinirole extended-release (Requip XL) is as follows:**
   - Must have documented pharmacy claim history of generic pramipexole or generic ropinirole

2. **For members without a documented claim history of generic pramipexole or generic ropinirole, a medical necessity review is completed, and the following criteria must be met:**
   - Must have chart documentation which shows the member had an adequate trial and failure or an inadequate response (duration of at least 4 weeks) or intolerance to generic pramipexole or generic ropinirole.

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Mirapex ER [package insert]. Ridgefield, CT: Boehringer Ingelheim; March 2010.
2. Requip XL [package insert]. Reasearch Triangle Park, NC: GlaxoSmithKline; 2009.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
Annual review	*02/17, 02/18*