PRIOR AUTHORIZATION POLICY

POLICY: Parkinson's Disease – Zelapar Prior Authorization Policy
- Zelapar® (selegiline orally disintegrating tablets – Bausch)

REVIEW DATE: 03/25/2026

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 WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. 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

Zelapar, an irreversible inhibitor of monoamine oxidase, is indicated in patients with **Parkinson's disease** as an adjunct to levodopa/carbidopa among patients who exhibit deterioration in the quality of their response to this therapy.[1]

Guidelines

The International Parkinson and Movement Disorder Society published an evidence-based review for treatment for motor symptoms of Parkinson's disease (2018); an update specific to motor fluctuations was published in 2025.[2,3] The 2018 review categorically divides treatment recommendations by Parkinson's disease characteristics. Zelapar is noted to have insufficient evidence and be investigational for treatment of motor fluctuations. In the 2025 review, Zelapar is not called out specifically; selegiline is noted to have insufficient evidence for motor fluctuations. Rasagiline is noted to be likely efficacious.

POLICY STATEMENT

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

Zelapar® (selegiline orally disintegrating tablets – Bausch) 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, C, and D):
   - **A)** Patient is experiencing "off" episodes AND
     Note: Examples of "off" episodes include muscle stiffness, slow movements, or difficulty starting movements.
   - **B)** Patient is currently receiving carbidopa/levodopa therapy; AND
   - **C)** Patient meets ONE of the following (i or ii):
     - **i.** Patient has tried one of oral selegiline tablets, selegiline capsules, or rasagiline tablets and had significant intolerance, according to the prescriber; OR
     - **ii.** Patient cannot swallow or has difficulty swallowing tablets or capsules; AND
   - **D)** Zelapar is being prescribed by or in consultation with a neurologist.

CONDITIONS NOT COVERED

Zelapar® (selegiline orally disintegrating tablets – Bausch) is(are) considered not medically necessary for ANY other use(s); criteria will be updated as new published data are available.

REFERENCES

1. Zelapar® orally disintegrating tablets [prescribing information] Bridgewater, NJ: Bausch Health; June 2021.
2. 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.
3. de Bie RMA, Katzenschlager R, Swinnen BEKS, et al. Update on treatments for Parkinson's Disease motor fluctuations – an International Parkinson and Movement Disorder Society Evidence-Based Medicine Review. *Mov Disord*. 2025 May;40(5):776-794.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	03/13/2024
Annual Revision	**Parkinson's Disease:** Examples of evidence of "off" episodes were moved to a Note.	03/12/2025
Annual Revision	**Parkinson's Disease:** The phrase "has difficulty swallowing tablets or capsules" was revised to "cannot swallow or has difficulty swallowing tablets or capsules". For a patient who meets this criterion, they are no longer required to have tried selegiline tablets, selegiline capsules, or rasagiline tablets.	03/25/2026