PRIOR AUTHORIZATION POLICY

POLICY: Parkinson's Disease – Inbrija Prior Authorization Policy
- Inbrija® (levodopa inhalation powder – Acorda)

REVIEW DATE: 09/20/2023

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. 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

Inbrija, an aromatic amino acid, is indicated for the intermittent treatment of "off" episodes in patients with **Parkinson's disease** treated with carbidopa-levodopa.[1]

Guidelines

The International Parkinson and Movement Disorder Society published an evidence-based review for treatment for motor symptoms of Parkinson's disease (2018).[2] The review categorically divides treatment recommendations by Parkinson's disease characteristics. Inbrija is not specifically addressed. However, the rapid-onset levodopa drug class is noted to have insufficient evidence and considered investigational for treatment of motor fluctuations.

POLICY STATEMENT

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

- **Inbrija® (levodopa inhalation powder – Acorda)**

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 the following (A, B, C, D, and E):
   - **A)** Patient is currently taking carbidopa-levodopa; AND
   - **B)** Patient is experiencing "off" episodes such as muscle stiffness, slow movements, or difficulty starting movements; AND
   - **C)** Patient has previously tried one other treatment for "off" episodes and meets ONE of the following (i or ii):
     Note: Examples of treatments for "off" episodes are entacapone, rasagiline, pramipexole, ropinirole, tolcapone, Apokyn (apomorphine hydrochloride subcutaneous injection), cabergoline, selegiline, Kynmobi (apomorphine hydrochloride sublingual film), Ongentys (opicapone capsules), or Xadago (safinamide tablets).
     - **i.** Patient had significant intolerance, according to the prescriber; OR
     - **ii.** Patient had inadequate efficacy, according to the prescriber; AND
   - **D)** Patient does not have asthma, chronic obstructive pulmonary disease, or other chronic underlying lung disease; AND
   - **E)** Inbrija is prescribed by or in consultation with a neurologist.

CONDITIONS NOT COVERED

- **Inbrija® (levodopa inhalation powder – Acorda)**

is(are) considered experimental, investigational or unproven for ANY other use(s).

REFERENCES

1. Inbrija® inhalation powder [prescribing information]. Ardsley, NY: Acorda; February 2022.
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.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	09/14/2022

Annual Revision	No criteria changes.	09/20/2023