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Carbidopa and Levodopa Enteral Suspension

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Related Coverage Resources

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Overview

This policy supports medical necessity review for (carbidopa and levodopa) enteral suspension (Duopa®).

Receipt of sample product does not satisfy any criteria requirements for coverage.

Medical Necessity Criteria

Carbidopa and levodopa enteral suspension (Duopa) is considered medically necessary when the following are met:

Parkinson's Disease. Individual meets ALL of the following criteria:

- 1. Diagnosed with advanced Parkinson's disease
2. Experiencing 3 or more hours of "Off" time (defined as a return of parkinsonian symptoms before the onset of the next dose) on their current Parkinson's disease drug treatment
3. Positive clinical response to treatment with oral levodopa

4. Documented failure, contraindication or intolerance to **BOTH** of the following:
  - a. oral carbidopa and levodopa (Immediate Release or Controlled Release)
  - b. **TWO** other therapies for “Off” episodes (for example, entacapone, rasagiline, pramipexole, ropinirole, tolcapone, cabergoline, oral selegiline)
5. Medication is prescribed by, or in consultation with, a neurologist

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

## Reauthorization Criteria

Continuation of carbidopa and levodopa enteral suspension (Duopa) is considered medically necessary for Parkinson’s Disease when the above medical necessity criteria are met AND there is documentation of beneficial response

## Authorization Duration

Initial approval duration: up to 12 months  
 Reauthorization approval duration: up to 12 months

## Conditions Not Covered

Any other use is considered experimental, investigational or unproven.

## Coding

- 1) This list of codes may not be all-inclusive.
- 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

**Considered Medically Necessary when criteria in the applicable policy statements listed above are met:**

CPT®* Codes	Description
44372	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube
44500	Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)
49441	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

HCPCS Codes	Description
B4083	Stomach tube - Levine type
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml

## Background

### OVERVIEW

Duopa, a combination enteral suspension of carbidopa and levodopa, is indicated for the treatment of motor fluctuations in patients with advanced **Parkinson's disease**.<sup>1</sup>

### Guidelines

The International Parkinson and Movement Disorder Society published an evidence-based review for treatment for motor symptoms of Parkinson's disease (2018).<sup>2</sup> The review categorically divides treatment recommendations by Parkinson's disease characteristics. Duopa is noted to be efficacious and clinically useful for treatment of motor fluctuations, along with likely efficacious and clinically useful for dyskinesia.

## References

1. Duopa® enteral suspension [prescribing information] North Chicago, IL: AbbVie; March 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.

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