Drug Coverage Policy

Effective Date.....06/15/2026
Coverage Policy Number.....IP0303
Policy Title.....Duopa

Parkinson's Disease – Duopa

- Duopa® (carbidopa and levodopa enteral suspension – AbbVie)

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.

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**.[1]

Of note, Duopa is administered over 16 hours into the jejunum through a percutaneous endoscopic gastrostomy with jejunal tube via an infusion pump.[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] In the 2025 update, levodopa intestinal infusion (Duopa) is regarded as likely efficacious for treatment of motor fluctuations.

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

Duopa is considered medically necessary when the following is met:

1. **Parkinson's Disease.** Approve for 1 year if the patient meets ALL of the following (A, B, C, D, and E):
   - **A)** Patient is diagnosed with advanced Parkinson's disease; AND
   - **B)** Patient is experiencing "off" episodes; AND
     Note: Examples of "off" episodes include muscle stiffness, slow movements, or difficulty starting movements.
   - **C)** Patient has tried an oral extended-release carbidopa/levodopa therapy and meets ONE of the following (i or ii):
     - **i.** Patient had significant intolerance, according to the prescriber; OR
     - **ii.** Patient had inadequate efficacy, according to the prescriber; AND
   - **D)** Patient has previously tried THREE other treatments for "off" episodes; AND
     Note: Examples of treatment for "off" episodes include pramipexole, ropinirole, Neupro (rotigotine transdermal system), apomorphine, selegiline, rasagiline, Xadago (safinamide tablets), tolcapone, entacapone, Ongentys (opicapone capsules), Nourianz (istradefylline tablets), or amantadine.
   - **E)** The medication is prescribed by or in consultation with a neurologist.

Duopa for any other use is considered not medically necessary. Criteria will be updated as new published data are available.

Coding Information

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:

HCPCS Codes	Description

J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml

References

1. Duopa® enteral suspension [prescribing information]. North Chicago, IL: AbbVie; May 2025.
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.

Revision Details

Summary of Changes	Review Date	Effective Date
Parkinson's Disease: **Updated** coverage policy title. **Removed** criterion screening for positive history of clinical response to treatment with oral levodopa. **Updated** criterion requiring failure, contraindication, or intolerance to immediate- or extended-release carbidopa/levodopa treatment to require intolerance or inadequate response to extended-release carbidopa/levodopa treatment. **Updated** criterion requiring two additional therapies for "off" episodes to require three additional therapies for "off" episodes. **Removed** reauthorization criteria.	05/02/2024	07/15/2024
Parkinson's Disease: Examples of evidence of "off" episodes were moved to a Note.	03/27/2025	06/15/2025
No criteria changes.	03/26/2026	04/15/2026
Updated the policy statement. **Parkinson's Disease:** The list of examples of treatments for Parkinson's disease off episodes was updated to remove cabergoline and to add Neupro (rotigotine transdermal system), apomorphine, Nourianz (istradefylline tablets), and amantadine.	04/09/2026	06/15/2026

The policy effective date is in force until updated or retired.

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