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Levodopa Inhalation Powder

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Related Coverage Resources

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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.

Overview

This policy supports medical necessity review for levodopa inhalation powder (Inbrija®).

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

Medical Necessity Criteria

Levodopa inhalation powder (Inbrija) is considered medically necessary when the following are met:

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

- A. Experiencing "off" episodes (for example, end-of-dose weaning off muscle stiffness, slow movements, or difficulty starting movements)
B. Currently receiving levodopa-based treatment
C. Documentation of failure, contraindication, or intolerance to ONE of the following: cabergoline, entacapone, Kynmobi [may require prior authorization], pramipexole, rasagiline, ropinirole, selegiline, tolcapone

D. 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 levodopa inhalation powder (Inbrija) 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.

Background

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.

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.

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