Drug Coverage Policy

Effective Date.....6/15/2026
Coverage Policy Number IP0523
Policy Title.....Carbidopa

Parkinson's Disease – Carbidopa

- Lodosyn® (carbidopa tablets – Bausch Health, generic)

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

Carbidopa, an aromatic amino acid decarboxylation inhibitor, is indicated for use with carbidopa-levodopa or with levodopa for the following uses:[1]

- **Parkinson's disease,** idiopathic.
- **Postencephalitic parkinsonism**.

- **Symptomatic parkinsonism**, which may follow injury to the nervous system by carbon monoxide intoxication and/or manganese intoxication.

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

Carbidopa is considered medically necessary when ONE of the following is met (1, 2, or 3):

FDA-Approved Indications

1. **Parkinson's Disease.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):
   A) Patient is currently receiving carbidopa/levodopa therapy; AND
   B) The medication is prescribed by or in consultation with a neurologist.
   C) Preferred product criteria is met for the product as listed in the below tables

2. **Postencephalitic Parkinsonism.** Approve for 1 year if the patient meets ALL of the following (A, B and C):
   A) Patient is currently receiving carbidopa/levodopa therapy; AND
   B) The medication is prescribed by or in consultation with a neurologist.
   C) Preferred product criteria is met for the product as listed in the below tables

3. **Symptomatic Parkinsonism.** Approve for 1 year if the patient meets ALL of the following (A, B and C):
   A) Patient is currently receiving carbidopa/levodopa therapy; AND
   B) The medication is prescribed by or in consultation with a neurologist.
   C) Preferred product criteria is met for the product as listed in the below tables

Employer Plans:

Product	Criteria
Lodosyn (carbidopa)	The patient has tried the bioequivalent generic product **carbidopa tablet**, AND cannot take due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the Brand and the bioequivalent generic product which would result, per the prescriber, in a significant allergy or serious adverse reaction

Individual and Family Plans:

Product	Criteria
Lodosyn (carbidopa)	The patient has tried the bioequivalent generic product **carbidopa tablet**, AND cannot take due to a formulation difference in the inactive ingredient(s) e.g., difference in dyes, fillers, preservatives] between the Brand and the bioequivalent generic product which would result, per the prescriber, in a significant allergy or serious adverse reaction

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.

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

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

References

1. Lodosyn® tablets [prescribing information]. Bridgewater, NJ: Bausch Health; July 2020.

Revision Details

Summary of Changes	Review Date	Effective Date
Parkinson's disease, Postencephalitic Parkinsonism or Symptomatic Parkinsonism. **Updated** 'Currently receiving levodopa-based treatment' to 'Patient is currently receiving carbidopa/levodopa therapy' **Updated** step through generic from medical necessity criteria to preferred product table.	4/11/2024	7/1/2024
Preferred Product Table – Employer Plans and Individual and Family Plans: **Updated from** "Trial of carbidopa tablet (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction" **to** "The patient has tried the bioequivalent generic product carbidopa tablet, AND cannot take due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the Brand and the bioequivalent generic product which would result, per the prescriber, in a significant allergy or serious adverse reaction."	3/27/2025	6/1/2025
No criteria changes.	3/26/2026	4/15/2026
No criteria changes.	4/30/2026	6/15/2026

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

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