

Pharmacy Benefit Coverage Criteria



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Coverage Policy Number P0006

Antiparkinson Agents

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Related Coverage Resources

[Carbidopa and levodopa enteral suspension](#)

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.

Medical Necessity Criteria

This policy addresses coverage criteria for antiparkinson agents.

Apokyn® (apomorphine subcutaneous injection) is considered medically necessary when BOTH of the following criteria are met:

- Diagnosis of advanced Parkinson's disease
- The individual is experiencing "off" episodes (for example, end-of-dose wearing off muscle stiffness, slow movements, or difficulty starting movements)

Gocovri™ (amantadine extended-release capsule) is considered medically necessary when ALL of the following criteria are met:

- For the treatment of dyskinesia associated with Parkinson's disease (PD)
- Individual is currently receiving levodopa-based treatment
- Documented failure/inadequate response, intolerance or not a candidate (e.g. stabilized condition where therapeutic interchange is inappropriate) for ONE of the following:
 - Osmolex ER (amantadine extended-release tablet)
 - amantadine immediate-release capsules, tablets, or oral solution

Inbrija™ (levodopa powder for inhalation) is considered medically necessary when ALL of the following criteria are met:

- Diagnosis of Parkinson's disease
- Individual is currently receiving a carbidopa/levodopa regimen
- The individual is experiencing "off" episodes (for example, end-of-dose wearing off muscle stiffness, slow movements, or difficulty starting movements)

Lodosyn® (carbidopa tablet) is considered medically necessary when BOTH of the following criteria are met:

- Individual is currently receiving a carbidopa/levodopa regimen
- Documented intolerance to 1 generic formulation of Lodosyn

Requip XL® (ropinerole extended-release tablet) is considered medically necessary when the following criteria is met:

- Documented intolerance to 1 generic formulation of Requip XL
- Documented failure / inadequate response, contraindication per FDA label, intolerance, or not a candidate (e.g. stabilized condition where therapeutic interchange is inappropriate) for pramipexole extended release tablets

Zelapar® (selegiline orally disintegrating tablet) is considered medically necessary when the following criteria is met:

- Documented failure / inadequate response, contraindication per FDA label, intolerance, or not a candidate (e.g. stabilized condition where therapeutic interchange is inappropriate) for ONE of the following:
 - rasagiline
 - selegiline tablets

Initial and reauthorization is up to 12 months.

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.

Non-covered Antiparkinson Products are considered experimental, investigational or unproven for ANY other use.

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

*If you're a Cigna provider, please [log in to the Cigna for Health Care Professionals](#) website and search for specific patients to view

FDA Approved Indications

Brand Name	Approved Indication
Apokyn	Apokyn is indicated for the acute, intermittent treatment of hypomobility, "off" episodes ("end-of-dose wearing off" and unpredictable "on/off" episodes) in patients with advanced Parkinson's disease.
Gocovri	Gocovri is indicated for the treatment of dyskinesia in patients with Parkinson's disease receiving levodopa-based therapy, with or without concomitant dopaminergic medications.
Inbrija	Inbrija is indicated for the intermittent treatment of OFF episodes in patients with Parkinson's disease treated with carbidopa/levodopa.
Lodosyn	Lodosyn is indicated for use with carbidopa-levodopa or with levodopa in the treatment of the symptoms of idiopathic Parkinson's disease (paralysis agitans), postencephalitic parkinsonism,

Brand Name	Approved Indication
	and symptomatic parkinsonism, which may follow injury to the nervous system by carbon monoxide intoxication and/or manganese intoxication. Lodosyn is for use with carbidopa-levodopa in patients for whom the dosage of carbidopa-levodopa provides less than adequate daily dosage (usually 70 mg daily) of carbidopa.
Requip XL	Requip XL is indicated for the treatment of Parkinson's disease.
Zelapar	Zelapar is indicated as an adjunct in the management of patients with Parkinson's disease being treated with levodopa/carbidopa who exhibit deterioration in the quality of their response to this therapy.

Recommended Dosing

Brand Name	FDA Recommended Dosing
Apokyn	The recommended starting dose of Apokyn is 0.2 mL (2 mg). Titrate on the basis of effectiveness and tolerance, up to a maximum recommended dose of 0.6 mL (6 mg). There is no evidence from controlled trials that doses greater than 0.6 mL (6 mg) gave an increased effect and therefore, individual doses above 0.6 mL (6 mg) are not recommended. The average frequency of dosing in the development program was 3 times per day. There is limited experience with single doses greater than 0.6 mL (6 mg), dosing more than 5 times per day and with total daily doses greater than 2 mL (20 mg).
Gocovri	The initial daily dosage of Gocovri is 137 mg, administered orally once daily at bedtime. After one week, increase to the recommended dosage of 274 mg (two 137 mg capsules) once daily at bedtime.
Inbrija	Inbrija should be taken when symptoms of an OFF period start to return. The recommended dosage of Inbrija is oral inhalation of the contents of two 42 mg capsules (84 mg) as needed, up to 5 times a day. The maximum dose per OFF period is 84 mg, and the maximum daily dosage is 420 mg. Inbrija has been shown to be effective only in combination with carbidopa/levodopa.
Lodosyn	Whether given with carbidopa-levodopa or with levodopa, the optimal daily dose of Lodosyn must be determined by careful titration. Most patients respond to a 1:10 proportion of carbidopa and levodopa, provided the daily dosage of carbidopa is 70 mg or more a day. The maximum daily dosage of carbidopa should not exceed 200 mg, since clinical experience with larger dosages is limited. If the patient is taking carbidopa-levodopa, the amount of carbidopa in carbidopa-levodopa should be considered when calculating the total amount of Lodosyn to be administered each day.
Requip XL	The recommended starting dose of Requip XL is 2 mg taken once daily for 1 to 2 weeks, followed by increases of 2 mg/day at weekly or longer intervals, based on therapeutic response and tolerability. Although the maximum recommended dose of Requip XL is 24 mg, patients with advanced Parkinson's disease should generally be maintained at daily doses of 8 mg or lower and patients with early Parkinson's disease should generally be maintained at daily doses 12 mg or lower.
Zelapar	Initiate treatment with 1.25 mg given once a day for at least 6 weeks. After 6 weeks, the dose may be increased to 2.5 mg given once a day if a desired benefit has not been achieved and the patient is tolerating Zelapar. There is no evidence that doses greater than 2.5 mg a day provide additional benefit, and they should ordinarily be avoided because of the potential increased risk of adverse events.

Drug Availability

Brand Name	Drug Availability
Apokyn	Apokyn is available as a 30 mg/3 mL cartridge. The 3 mL (30 mg) glass cartridge is used with a manual reusable, multiple-dose pen injector (APOKYN Pen). The multiple-dose pen injector is provided in a package with six needles.
Gocovri	Gocovri is available as 68.5 mg or 137 mg extended-release capsules.
Inbrija	Inbrija (levodopa inhalation powder) consists of Inbrija capsules and the Inbrija inhaler. Inbrija capsules contain 42 mg dry powder formulation of levodopa.
Lodosyn	Lodosyn is available as 25 mg tablets.
Requip XL	Requip XL is available as 2 mg, 4 mg, 6 mg, 8 mg, and 12 mg extended-release tablets.
Zelapar	Zelapar is available as 1.25 mg orally disintegrating tablets.

Background

Therapeutic Alternatives:

Lodosyn and Requip XL have FDA approved generic therapeutic equivalents.

Professional Societies/Organizations

American Academy of Neurology (AAN) recommendations for the initiation of treatment for Parkinson's disease (PD) state that once symptomatic relief is required, treatment should lessen disability without causing complications. The AAN states levodopa is commonly the most effective generally, of all the drugs for symptoms of PD, particularly for bradykinesia or rigidity. In patients where tremor is predominant, anticholinergics are usually used as initial therapy, as they are better than levodopa in when treating tremor. The AAN states that amantadine has a low side effect profile and a modest effect on all features of the Parkinson's disease. Although dopamine agonists are effective for all features of the disease, they are frequently not as effective as levodopa. Selegiline has mild symptomatic benefit, and that there no evidence for neuroprotective benefit. (Miyasaki, 2002)

Off label uses:

AHFS Drug Information 2019 Edition states selegiline has been used for the palliative treatment of mild to moderate dementia of the Alzheimer's type. AHFS notes that the evidence from clinical trials evaluating the efficacy of selegiline for Alzheimer's dementia is inconclusive and additional trials and experience are needed to more accurately define the place in therapy of selegiline for the treatment of Alzheimer's disease. (McEvoy, 2019)

Comparative Studies

There are no clinical studies comparing the antiparkinson agents with other therapeutic alternatives.

Generics

The FDA's generic drug approval process does not require the drug sponsor to repeat costly animal and clinical research on ingredients or dosage forms already approved for safety and effectiveness. Generic drugs must establish the following for approval:

- contain the same active ingredients as the innovator drug (inactive ingredients may vary)
- be identical in strength, dosage form, and route of administration
- have the same use indications
- be bioequivalent
- meet the same batch requirements for identity, strength, purity, and quality
- be manufactured under the same strict standards of FDA's good manufacturing practice regulations required for innovator products

A generic drug is the same as a brand-name drug in dosage, safety, strength, quality, the way it works, the way it is taken and the way it should be used. FDA requires generic drugs have the same high quality, strength, purity and stability as brand-name drugs. Not every brand-name drug has a generic drug. When new drugs are first made they have drug patents. Most drug patents are protected for 20 years. The patent, which protects the

company that made the drug first, doesn't allow anyone else to make and sell the drug. When the patent expires, other drug companies can start selling a generic version of the drug. But, first, they must test the drug and the FDA must approve it.

References

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