

POLICY NAME	Inbrija (levodopa inhalation powder)	POLICY #	2695P
--------------------	--------------------------------------	-----------------	-------

Criteria

Coverage Criteria

- ☐ Diagnosis of advanced Parkinson's disease
- ☐ Age 18 years of age
- ☐ Ordered by or in consultation with a neurologist (doctor of the central nervous system)
- ☐ Documentation that member is experiencing "off" episodes (return of Parkinson's symptoms) while receiving a carbidopa/levodopa regiment where:
 - Attempts have been made to adjust the carbidopa/levodopa's dose and/or formulation in order to manage symptoms without success
 - Member will continue receiving with carbidopa/levodopa in combination with Inbrija
- ☐ Member has had previous inadequate responses, intolerance, or contraindication to at least two different classes of medications for the treatment of Parkinson's disease
 - Monoamine oxidase type B inhibitors
 - Dopamine agonists
 - Catechol-O-methyl transferase inhibitors