

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

Coverage Criteria

- ☐ 1.1 Diagnosis of advanced Parkinson's disease
- ☐ 1.2 Age 18 years of age
- ☐ 1.3 Ordered by or in consultation with a neurologist (doctor of the central nervous system)
- ☐ 1.4 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
- ☐ 1.5 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