



## Drug Coverage Policy

Effective Date ..... 7/1/2024  
Coverage Policy Number .....IP0522  
Policy Title.....Inbrija

# Parkinson’s Disease – Inbrija

- Inbrija® (levodopa inhalation powder – Acorda)

### 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 and have discretion in making individual coverage determinations. 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.

## Cigna Healthcare Coverage Policy

### 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.<sup>1</sup>

### Guidelines

The International Parkinson and Movement Disorder Society published an evidence-based review for treatment for motor symptoms of Parkinson’s disease (2018).<sup>2</sup> 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.

## Medical Necessity Criteria

**Inbrija is considered medically necessary when the following are met:**

**FDA-Approved Indication**

- 1. **Parkinson’s Disease.** Approve for 1 year if the patient meets ALL of the following (A, B, C, D and E):
  - A) Patient is currently taking carbidopa-levodopa; AND
  - B) Patient is experiencing “off” episodes such as muscle stiffness, slow movements, or difficulty starting movements; AND
  - C) Patient does not have asthma, chronic obstructive pulmonary disease, or other chronic underlying lung disease; AND
  - D) Inbrija is prescribed by or in consultation with a neurologist.
  - E) Preferred product criteria is met for the product(s) as listed in the below table(s)

**Employer Plans:**

Product	Criteria
<b>Inbrija</b> (levodopa inhalation powder)	<b>ONE</b> of the following: <ul style="list-style-type: none"><li>A. Failure, contraindication, or intolerance to <b>ONE</b> of the following: cabergoline, entacapone, Kynmobi [may require prior authorization], pramipexole, rasagiline, ropinirole, selegiline, tolcapone</li><li>B. Patients already started on Inbrija</li></ul>

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.

**Conditions Not Covered**

Any other use is considered experimental, investigational, or unproven (criteria will be updated as new published data are available).

**References**

- 1. Inbrija® inhalation powder [prescribing information]. Ardsley, NY: Acorda; December 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.

**Revision Details**

Type of Revision	Summary of Changes	Date
Annual Review	<b>Parkinson’s Disease. Updated</b> ‘Currently receiving levodopa-based treatment’ to ‘Patient is currently taking carbidopa-levodopa’	7/1/2024

	<p><b>Added</b> 'Patient does not have asthma, chronic obstructive pulmonary disease, or other chronic underlying lung disease' for alignment</p> <p><b>Preferred Product Table.</b></p> <p><b>Added</b> 'Patients already started on Inbrija'</p>	
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