



Drug Coverage Policy

Effective Date 7/1/2024
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 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

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.

Medical Necessity Criteria

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(s) as listed in the below table(s)

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(s) as listed in the below table(s)

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(s) as listed in the below table(s)

Employer Plans:

Product	Criteria
Lodosyn (carbidopa)	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

Individual and Family Plans:

Product	Criteria
Lodosyn (carbidopa)	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

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

Revision Details

Type of Revision	Summary of Changes	Date
Annual Review	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.	7/1/2024

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

"Cigna Companies" refers to operating subsidiaries of Cigna Corporation. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. © 2024 Cigna.