Inbrija (levodopa inhalation powder)

Coverage Criteria:

Patients must meet all of the following criteria:

1. Patient is an adult diagnosed with Parkinson's Disease with off episodes; and
2. Prescribed by or in consultation with a neurologist; and
3. Patient is taking carbidopa/levodopa at least 4 times per day; and
4. Patient has tried and failed at least one of the following agents for at least 4 weeks in combination with carbidopa/levodopa (e.g. dopamine agonist, COMT inhibitor, or MAO-B inhibitor) to reduce number and frequency of OFF episodes
    a. Rasagiline; or,
    b. Ropinorole; or,
    c. Entacapone; or,
    d. Pramipexole; or,
    e. Rotigotine; or,
    f. Selegiline; and
5. Inbrija will not be used in combination with Apokyn; and
6. Patient is free of underlying lung disease. For patients with limited pulmonary function (FEV <50%), attestation from provider is required acknowledging Inbrija has not been studied in this population and drug may be ineffective due to lack of inspiratory capacity. Provider attests that potential benefits outweigh risks; and
7. Attestation from provider acknowledging that patient has or will receive education on proper Inbrija inhaler technique; and
8. Prescribed within the FDA approved regimen.

Coverage duration:

Initial authorization will be provided for 3 months and re-authorizations for 12 months.

Renewal Criteria:

1. Provider documentation of reduced off period frequency or improvement in off period symptoms with use of Inbrija.