

PRIOR AUTHORIZATION POLICY

POLICY: Parkinson's Disease – Carbidopa Prior Authorization Policy

- Lodosyn® (carbidopa tablets – Bausch Health, generic)

REVIEW DATE: 3/20/2024

OVERVIEW

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.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of carbidopa. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with carbidopa as well as the monitoring required for adverse events and long-term efficacy, approval requires carbidopa to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of carbidopa is recommended in those who meet one of the following criteria:

FDA-Approved Indications

- 1. Parkinson's Disease.** Approve for 1 year if the patient meets BOTH of the following (A and B):
 - A) Patient is currently receiving carbidopa/levodopa therapy; AND
 - B) The medication is prescribed by or in consultation with a neurologist.
- 2. Postencephalitic Parkinsonism.** Approve for 1 year if the patient meets BOTH of the following (A and B):
 - A) Patient is currently receiving carbidopa/levodopa therapy; AND
 - B) The medication is prescribed by or in consultation with a neurologist.
- 3. Symptomatic Parkinsonism.** Approve for 1 year if the patient meets BOTH of the following (A and B):
 - A) Patient is currently receiving carbidopa/levodopa therapy; AND
 - B) The medication is prescribed by or in consultation with a neurologist.

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CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of carbidopa is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

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