PRIOR AUTHORIZATION POLICY

POLICY: Parkinson's Disease – Inbrija Prior Authorization Policy
- Inbrija® (levodopa inhalation powder – Acorda)

REVIEW DATE: 09/14/2022

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.[1]

Guidelines
The International Parkinson and Movement Disorder Society published an evidence-based review for treatment for motor symptoms of Parkinson's disease (2018).[2] 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.

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

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA
Coverage of Inbrija is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Parkinson's Disease.** Approve for 1 year if the patient meets the following criteria (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 has previously tried one other treatment for "off" episodes and meets ONE of the following criteria (i or ii):
     Note: Examples of treatments for "off" episodes are entacapone, rasagiline, pramipexole, ropinirole, tolcapone, Apokyn (apomorphine hydrochloride subcutaneous injection), cabergoline, selegiline, Kynmobi (apomorphine hydrochloride sublingual film), Ongentys (opicapone capsules), or Xadago (safinamide tablets).
     - **i.** Patient had significant intolerance, according to the prescriber; OR
     - **ii.** Patient had inadequate efficacy, according to the prescriber; AND

D) Patient does not have asthma, chronic obstructive pulmonary disease, or other chronic underlying lung disease; AND
E) Inbrija is prescribed by or in consultation with a neurologist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Inbrija 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. Inbrija® inhalation powder [prescribing information]. Ardsley, NY: Acorda; February 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.