

Market Applicability						
Market	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	NA

Inbrija (levodopa inhalation powder)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Inbrija (levodopa inhalation powder)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Inbrija (levodopa inhalation powder) may be approved if the following criteria are met:

- I. Individual has a diagnosis of Parkinson's disease; **AND**
- II. Using for the acute, intermittent treatment of hypomobility "off" episodes; **AND**
- III. Individual is using concomitantly with carbidopa/levodopa therapy.

Inbrija (levodopa inhalation powder) may **not** be approved for:

- I. Individuals with asthma, COPD or other chronic underlying lung disease.

***Note:** Off episodes refer to the "end-of-dose wearing off" and unpredictable "on/off" episodes.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: July 6, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.

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Market	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	NA

5. Parkinson's Disease in Adults. NICE Guideline [NG71]. National Institute for Health and Care Excellence. Published Date July 2017. Available at: <https://www.nice.org.uk/guidance/ng71>. Accessed on July 6, 2020.
6. Pahwa R, Factor SA, Lyons KE, et al.; Quality Standards Subcommittee of the American Academy of Neurology. Practice Parameter: treatment of Parkinson disease with motor fluctuations and dyskinesia (an evidence-based review). Neurology. 2006; 66(7):983-995. Accessed July 6, 2020.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.