I. Medication Description

When levodopa is administered orally, it is rapidly decarboxylated to dopamine in extracerebral tissues so that only a small portion of a given dose is transported unchanged to the central nervous system. Carbidopa inhibits the decarboxylation of peripheral levodopa, making more levodopa available for delivery to the brain. Levodopa is the metabolic precursor of dopamine, does cross the blood-brain barrier, and presumably is converted to dopamine in the brain. This is thought to be the mechanism whereby levodopa treats the symptoms of Parkinson's disease.

II. Position Statement

Coverage is determined through a prior authorization process with supporting clinical documentation for every request.

III. Policy

Coverage is provided when the following criteria are met:
- Medication is prescribed by a neurologist or a movement disorder specialist AND
- Member has been diagnosed with advanced Parkinson’s disease AND
- Member has demonstrated levodopa responsiveness with clearly defined “on” periods AND
- Member experiences a “wearing off” phenomenon (“off” periods lasting minimum of 3 hours per day) that cannot be managed by increasing the level of oral levodopa AND
- The patient has undergone or has planned placement of a procedurally-placed tube for Duopa administration.

IV. Quantity Limitations

Coverage is available for up to 28 cassettes per 28 days.

V. Coverage Duration

Initial coverage is available for 6 months and may be renewed.

VI. Coverage Renewal Criteria

Coverage can be renewed in up to 12 month intervals based upon the following criteria:
• Positive clinical response and/or absence of disease progression documented **AND**
• Absence of unacceptable toxicity from the drug

VII. **Billing/Coding Information**

• Duopa is available as 100 mL single-use cassettes containing 4.63 mg carbidopa (as 5 mg of the monohydrate) and 20 mg levodopa per mL of enteral suspension.
• Duopa is packaged in cartons containing seven single-use cassettes.

VIII. **Summary of Policy Changes**

• 6/15/15: new policy
• 7/1/15: formulary distinctions made
• 12/15/15: no policy changes
• 9/15/16: confirmation of tube placement required
• 10/11/17: quantity limitations updated
• 11/1/18: clarified criteria to include member’s responsiveness to levodopa treatment and duration of “off periods”
• 11/15/19: no policy changes

IX. **References**


The Plan fully expects that only appropriate and medically necessary services will be rendered. The Plan reserves the right to conduct pre-payment and post-payment reviews to assess the medical appropriateness of the above-referenced therapies.

The preceding policy applies only to members for whom the above named pharmacy benefit medications are included on their covered formulary. Members with closed formulary benefits are subject to trying all appropriate formulary alternatives before a coverage exception for a non-formulary medication will be considered.

The preceding policy is a guideline to allow for coverage of the pertinent medication/product, and is not meant to serve as a clinical practice guideline.