



PRIOR AUTHORIZATION POLICY

POLICY: Parkinson's Disease – Carbidopa Prior Authorization Policy

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

REVIEW DATE: 03/12/2025

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

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.

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

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

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.

CONDITIONS NOT COVERED

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

is(are) considered experimental, investigational, or unproven for ANY other use(s).

REFERENCES

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

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	09/20/2023
Annual Revision	No criteria changes.	03/20/2024
Annual Revision	No criteria changes.	03/12/2025

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