



## Drug Coverage Policy

Effective Date ..... 6/15/2025

Coverage Policy Number ..... IP0522

Policy Title ..... Inbrija

## Parkinson's Disease – Inbrija

- Inbrija® (levodopa inhalation powder – Acorda)

### 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 where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. 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.

### 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.<sup>1</sup>

### Guidelines

The International Parkinson and Movement Disorder Society published an evidence-based review for treatment for motor symptoms of Parkinson's disease (2018).<sup>2</sup> 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.

## Coverage Policy

### POLICY STATEMENT

Prior Authorization is required 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.

**Inbrija is considered medically necessary when the following are met:**

### FDA-Approved Indication

- 1. Parkinson's Disease.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
  - A) Patient is currently taking carbidopa-levodopa; AND
  - B) Patient is experiencing "off" episodes; AND  
**Note:** Examples of "off" episodes include muscle stiffness, slow movements, or difficulty starting movements.
  - C) Patient does not have asthma, chronic obstructive pulmonary disease, or other chronic underlying lung disease; AND
  - D) Inbrija is prescribed by or in consultation with a neurologist.

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Receipt of sample product does not satisfy any criteria requirements for coverage.

**Inbrija for any other use is considered not medically necessary. Criteria will be updated as new published data are available.**

## References

1. Inbrija® inhalation powder [prescribing information]. Ardsley, NY: Acorda; December 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.

## Revision Details

Type of Revision	Summary of Changes	Date
Annual Review	<b>Parkinson's Disease.</b> <b>Updated</b> 'Currently receiving levodopa-based treatment' to 'Patient is currently taking carbidopa-levodopa' <b>Added</b> 'Patient does not have asthma, chronic obstructive pulmonary disease, or other chronic underlying lung disease' for alignment	7/1/2024

	<b>Preferred Product Table.</b> <b>Added</b> 'Patients already started on Inbrija'	
Annual Review	<b>Parkinson's Disease:</b> Examples of evidence of "off" episodes were moved to a Note.  <b>Preferencing Table.</b> <b>Removed</b> the preferencing table.	6/15/2025

---

"Cigna Companies" refers to operating subsidiaries of The Cigna Group. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of The Cigna Group. © 2025 The Cigna Group.