

## Pharmacy Policy

### Inbrija®

**Policy Number:** 9.213

**Version Number:** 2.0

**Version Effective Date:** 6/1/2021

#### Product Applicability All Plan+ Products

##### Well Sense Health Plan

New Hampshire Medicaid

##### Boston Medical Center HealthNet Plan

MassHealth ACO

MassHealth MCO

Qualified Health Plans/ConnectorCare/Employer Choice Direct

Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

## Prior Authorization Policy

### Products Affected:

- Inbrija (levodopa inhalation powder)

The Plan may authorize coverage of the above products for members meeting the following criteria:

<b>Covered Use</b>	All approved FDA indication unless otherwise excluded
<b>Exclusion Criteria</b>	<ol style="list-style-type: none"> <li>1. Chronic underlying lung disease (e.g. asthma, COPD, etc)</li> <li>2. Concurrent use with nonselective MAOIs (eg, phenelzine, tranylcypromine) or with recent use (within 2 weeks) of a nonselective MAOI</li> <li>3. Major psychotic disorder.</li> </ol>
<b>Required Medical Information</b>	<ol style="list-style-type: none"> <li>1. Member has a diagnosis of advanced Parkinson's disease; <b>AND</b></li> <li>2. Member is experiencing "off" episodes (return of Parkinson's symptoms for 2 hours or more) while receiving a carbidopa/levodopa regimen where attempts have been made to adjust the</li> </ol>

\* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

	<p>carbidopa/levodopa's dose and/or formulation in order to manage symptoms without success; <b>AND</b></p> <p>3. Member will continue receiving treatment with carbidopa/levodopa in combination with Inbrija; <b>AND</b></p> <p>4. At least one other agent (e.g. COMT inhibitor, MAO-B inhibitor, dopamine agonist) has been added to reduce off episodes without satisfactory results; <b>AND</b></p> <p>5. The medication is prescribed by or in consultation with a neurologist.</p>
<b>Age Restrictions</b>	18 years of age or older
<b>Prescriber Restriction</b>	Prescribed by or in consultation with a neurologist
<b>Coverage Duration</b>	12 months
<b>Quantity Limit</b>	300 capsules per 30 days
<b>Other Criteria</b>	<p>Reauthorization:</p> <ol style="list-style-type: none"> <li>1. Initial criteria met; <b>AND</b></li> <li>2. Clinically significant reduction in the number and/or severity of off episodes.</li> </ol>

## Clinical Background Information and References

Original Approval Date	Original Effective Date	Policy Owner	Approved by
12/1/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by
12/1/2020	9.600 Inbrija Policy retired, new policy created.	1/1/2021	P&T Committee
2/11/2021	P&T annual review. Added major psychotic disorder to exclusion criteria. Require at least one other agent be tried to reduce off episodes. Added reauthorization criteria.	6/1/2021	P&T Committee

\* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

## **Next Review Date**

---

2/2022

## **Other Applicable Policies**

---

9.015 Quantity Limitation Policy

## **Reference to Applicable Laws and Regulations, If Any**

---

### **Disclaimer Information**

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

<sup>\*</sup> Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.