UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 1280-6
Program	Prior Authorization/Notification
Medication	Inbrija® (levodopa inhalation powder)
P&T Approval Date	5/2019, 5/2020, 5/2021, 5/2022, 5/2023, 2/2024
Effective Date	5/1/2024

1. Background:
Inbrija® (levodopa inhalation powder) is an aromatic amino acid indicated for the intermittent treatment of OFF episodes in patients with Parkinson's disease treated with carbidopa/levodopa.

Inbrija should only be administered with the Inbrija inhaler.[1]

Coverage will be provided for members who meet the following criteria.

2. Coverage Criteria[a]:

A. Initial Authorization

1. **Inbrija** will be approved based on **all** of the following criteria:

   a. Diagnosis of Parkinson's disease

   - AND-

   b. Used as intermittent treatment for OFF episodes

   - AND-

   c. Patient is currently on and will continue to receive treatment with a carbidopa/levodopa-containing medication

Authorization will be issued for 12 months.

B. Reauthorization

1. **Inbrija** will be approved based on the following criteria:

   a. Documentation of positive clinical response to **Inbrija** therapy

   - AND-

   b. Patient will continue to receive treatment with a carbidopa/levodopa-containing medication

Authorization will be issued for 12 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits and/or Step Therapy may be in place.

4. References:

1. Inbrija [package insert]. Ardsley, NY: Acorda Therapeutics, Inc.; December 2022.

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Change Control	
5/2019	New program
5/2020	Annual review. Updated reference.
5/2021	Annual review. Updated reference.
5/2022	Annual review with no change to clinical criteria.
5/2023	Annual review with no change to clinical criteria. Added state mandate footnote. Updated reference.
2/2024	Revised initial authorization to 12 months.