

## Clinical Pharmacy Program Guidelines for Duopa

Program	Prior Authorization
Medication	Duopa (carbidopa and levodopa) enteral suspension
Markets in Scope	Arizona, California, Colorado, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania CHIP, Rhode Island, South Carolina
Issue Date	6/2015
Pharmacy and Therapeutics Approval Date	9/2020
Effective Date	11/2020

### 1. Background:

Duopa (carbidopa/levodopa) enteral suspension is indicated for the treatment of motor fluctuations in patients with advanced Parkinson's disease. Duopa should be administered continuously via an infusion pump over 16 hours through a procedurally-placed tube. Duopa may be administered through a naso-jejunal (NJ) tube for a short period of time until a gastrostomy tube can be placed.

### 2. Coverage Criteria:

<p><b>A. <u>Initial Authorization</u></b></p> <ol style="list-style-type: none"> <li>1. Diagnosis of advanced Parkinson's disease</li> <li style="text-align: center;"><b>-AND-</b></li> <li>2. Patient is levodopa-responsive</li> <li style="text-align: center;"><b>-AND-</b></li> <li>3. Patient experiences disabling "off" periods for a minimum of 3 hours/day</li> <li style="text-align: center;"><b>-AND-</b></li> <li>4. Disabling "off" periods occur despite therapy with <u>both</u> of the following:             <ol style="list-style-type: none"> <li>(a) Oral levodopa-carbidopa</li> <li>(b) One drug from a different class of anti-Parkinson's disease therapy (e.g., COMT inhibitor [entacapone, tolcapone], MAO-B inhibitor [selegiline, rasagiline], dopamine agonist [pramipexole, ropinirole])</li> </ol> </li> </ol>
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**-AND-**

5. Has undergone or has planned placement of a procedurally-placed tube

**-AND-**

6. Prescribed by or in consultation with a neurologist

**Authorization will be issued for 12 months.**

**B. Reauthorization**

1. Documentation of positive clinical response to Duopa therapy

**Authorization will be issued for 12 months.**

**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 may be in place.

**4. References:**

1. Duopa [package insert]. North Chicago, IL: AbbVie Inc.; May 2020.
2. Olanow CW, Kieburtz K, Odin P, et al. Continuous intrajejunal infusion of levodopa-carbidopa intestinal gel for patients with advanced Parkinson's disease: a randomised, controlled, double-blind, double-dummy study. *Lancet Neurol.* 2014;13(2):141-9.
3. International Parkinson and Movement Disorder Society Evidence-Based Medicine Review: Update on Treatments for the Motor Symptoms of Parkinson's Disease. *Movement Disorders.* 2018.

Program	Prior Authorization - Duopa (carbidopa and levodopa) enteral suspension
<b>Change Control</b>	
Date	Change
6/2015	New Policy
9/2016	Updated policy template
9/2017	Annual Review. Updated References.
9/2018	Annual Review. Removed endnotes.
9/2019	Annual review, updated references.

9/2020	Annual review. Added “advanced” to the diagnosis check and the procedurally-placed tube placement question to align with E&I.
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