

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 2051-12
Program	Prior Authorization/Medical Necessity
Medication	Duopa™ (carbidopa/levodopa)
P&T Approval Date	7/2015, 9/2016, 9/2017, 9/2018, 9/2019, 9/2020, 9/2021, 9/2022, 8/2023, 8/2024, 8/2025
Effective Date	11/1/2025

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 ^a:**A. Initial Authorization**

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

a. Diagnosis of advanced Parkinson's Disease

-AND-

b. Patient experiences a wearing "off" phenomenon that cannot be managed by increasing the dose of oral levodopa

-AND-

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

Authorization will be issued for 12 months.

B. Reauthorization

1. Duopa will be approved based on the following criterion:

a. Documentation of positive clinical response to Duopa therapy

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.

4. References:

1. Duopa [package insert]. North Chicago, IL: AbbVie, Inc.; May 2025.
2. 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/Medical Necessity - Duopa
Change Control	
Date	Change
7/2015	New program.
8/2016	Administrative change to fix typo
9/2016	Annual Review. Updated references.
9/2017	Annual Review. Updated background and references.
9/2018	Annual Review. Updated references.
9/2019	Annual review. Updated references.
9/2020	Annual review. Updated references.
9/2021	Annual review. No changes.
9/2022	Annual review. Updated references.
8/2023	Annual review. No changes.
8/2024	Annual review. No changes.
8/2025	Annual review. Updated references.