

INBRIJA (levodopa, oral inhalation)

Diagnoses Considered for Coverage:

- Management of the acute, intermittent treatment of hypomobility, "off" episodes ("end-of-dose wearing off" and unpredictable "on/off" episodes) associated with advanced Parkinson's disease (PD)

Coverage Criteria:

For diagnosis above:

- Being recommended by a Neurologist, **and**
- Inadequate response to at least one adjunctive therapy (e.g. COMT inhibitor, MAO-B inhibitor, dopamine agonist), **and**
- Dose does not exceed FDA label maximum.

Coverage Duration: one year

Effective Date: 11/30/2022