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Pharmacy Policy

Inbrija®

Policy Number: 9.213

Revision Number: R0

Version Effective Date: 1/1/2021

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:

Covered Use	All approved FDA indication unless otherwise excluded
Exclusion Criteria	<ol style="list-style-type: none"> 1. chronic underlying lung disease (e.g. asthma, COPD, etc) 2. concurrent use with nonselective MAOIs (eg, phenelzine, tranylcypromine) or with recent use (within 2 weeks) of a nonselective MAOI
Required Medical Information	<p>Documentation of the following:</p> <ol style="list-style-type: none"> 1. Member has a diagnosis of advanced Parkinson’s disease AND 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

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	<p>carbidopa/levodopa's dose and/or formulation in order to manage symptoms without success AND</p> <ol style="list-style-type: none"> 3. Member will continue receiving treatment with carbidopa/levodopa in combination with Inbrija AND 4. Trial and failure of 1 or more Preferred products including pramipexole/ER and/or ropinirole /ER. 5. The medication is prescribed by, or in consultation with, a neurologist.
Age Restrictions	18 years of age or older
Prescriber Restriction	Neurologist
Coverage Duration	12 months
Quantity Limit	300 capsules per 30 days

Clinical Background Information and References

Original Approval Date	Original Effective Date	Policy Owner	Approved by
9/10/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee, NH DHHS

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by
9/10/2020	P&T annual review. Addition of ropinirole/ER and pramipexole/ER as required step though per NH PDL. Retired policy 9.600 and created a new policy per applicable line of business.	1/1/2021	P&T Committee, NH DHHS

Next Review Date

2021

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Other Applicable Policies

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.

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