

POLICY: Parkinson's Disease – Duopa™ (carbidopa and levodopa enteral suspension – AbbVie)

EFFECTIVE DATE: 1/1/2020

LAST REVISION DATE: 09/16/2024

COVERAGE CRITERIA FOR: All UCare Plans

OVERVIEW

Duopa, a combination enteral suspension of carbidopa and levodopa, is indicated for the treatment of motor fluctuations in patients with advanced **Parkinson's disease**.¹

Guidelines

The International Parkinson and Movement Disorder Society published an evidence-based review for treatment for motor symptoms of Parkinson's disease (2018).² The review categorically divides treatment recommendations by Parkinson's disease characteristics. Duopa is noted to be efficacious and clinically useful for treatment of motor fluctuations, along with likely to be efficacious and clinically useful for dyskinesia.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Duopa. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Duopa as well as the monitoring required for adverse events and long-term efficacy, approval requires Duopa to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Duopa is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Parkinson's Disease.** Approve for 1 year if the patient meets ALL of the following (A, B, C, D, and E):
 - A) Patient is diagnosed with advanced Parkinson's disease; AND
 - B) Patient is experiencing "off" episodes such as muscle stiffness, slow movements, or difficulty starting movements; AND
 - C) Patient has tried an oral extended-release carbidopa/levodopa therapy and meets ONE of the following (i or ii):
 - i. Patient had significant intolerance, according to the prescriber; OR
 - ii. Patient had inadequate efficacy, according to the prescriber; AND
 - D) Patient has previously tried THREE other treatments for "off" episodes; AND

Note: Examples of treatment for “off” episodes include entacapone, rasagiline, pramipexole, ropinirole, tolcapone, cabergoline, selegiline, Ongentys (opicapone capsules), or Xadago (safinamide tablets).

E) The medication is prescribed by or in consultation with a neurologist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Duopa is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Duopa® enteral suspension [prescribing information]. North Chicago, IL: AbbVie; March 2022.
2. Fox SH, Katzenschlager R, Lim SY, et al. International Parkinson and movement disorder society evidence-based medicine review: Update on treatments for the motor symptoms of Parkinson's disease. *Mov Disord*. 2018;33(8):1248-1266.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	09/20/2023
Annual Revision	No criteria changes.	03/20/2024
UCare P&T Review	Policy reviewed and approved by UCare P&T committee. Annual review process	09/16/2024
UCare P&T Review	Policy reviewed and approved by UCare P&T committee. Annual review process	09/15/2025