



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2023 P 2051-10
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
Effective Date	11/1/2023

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:

<p>A. <u>Initial Authorization</u></p> <p>1. Duopa will be approved based on all of the following criteria:</p> <ul style="list-style-type: none">a. Diagnosis of advanced Parkinson’s Disease <p style="text-align: center;">-AND-</p> <ul style="list-style-type: none">b. Patient experiences a wearing “off” phenomenon that cannot be managed by increasing the dose of oral levodopa <p style="text-align: center;">-AND-</p> <ul style="list-style-type: none">c. Has undergone or has planned placement of a procedurally-placed tube <p>Authorization will be issued for 12 months.</p> <p>B. <u>Reauthorization</u></p> <p>1. Duopa will be approved based on the following criterion:</p> <ul style="list-style-type: none">a. Documentation of positive clinical response to Duopa therapy <p>Authorization will be issued for 12 months.</p> <p>^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.</p>
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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.; March 2022.
2. Sara Varanese, Zoe Birnbaum, Roger Rossi, and Alessandro Di Rocco, “Treatment of Advanced Parkinson's Disease,” *Parkinson's Disease*, vol. 2010, Article ID 480260, 9 pages, 2010. doi:10.4061/2010/480260.
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/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.