

## PRIOR AUTHORIZATION POLICY

**POLICY:** Parkinson's Disease – Lodosyn Prior Authorization Policy

- Lodosyn® (carbidopa tablets, generics)

**REVIEW DATE:** 08/19/2020

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### OVERVIEW

Lodosyn, an aromatic amino acid decarboxylation inhibitor, indicated for use with carbidopa-levodopa or with levodopa in the treatment of the symptoms of idiopathic Parkinson's disease (paralysis agitans), postencephalitic parkinsonism, and symptomatic parkinsonism, which may follow injury to the nervous system by carbon monoxide intoxication and/or manganese intoxication.<sup>1</sup>

### POLICY STATEMENT

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

**Automation:** None.

### RECOMMENDED AUTHORIZATION CRITERIA

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

#### FDA-Approved Indications

- 1. Parkinson's Disease.** Approve for 1 year if the patient meets both of the following criteria (A and B):
  - A) Patient is currently receiving carbidopa/levodopa therapy; AND
  - B) Lodosyn is being prescribed by, or in consultation with, a neurologist.
- 2. Postencephalitic Parkinsonism.** Approve for 1 year if the patient meets both of the following criteria (A and B):
  - A) Patient is currently receiving carbidopa/levodopa therapy; AND
  - B) Lodosyn is being prescribed by, or in consultation with, a neurologist.
- 3. Symptomatic Parkinsonism.** Approve for 1 year if the patient meets both of the following criteria (A and B):
  - A) Patient is currently receiving carbidopa/levodopa therapy; AND
  - B) Lodosyn is being prescribed by, or in consultation with, a neurologist.

**CONDITIONS NOT RECOMMENDED FOR APPROVAL**

Coverage of Lodosyn 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. Lodosyn® [prescribing information] Bridgewater, NJ: Aton Pharma; February 2017.