Pharmacy Medical Necessity Guidelines: Parkinson's Disease Medications: Apomorphine, Inbrija, and Nuplazid

Effective: January 13, 2026

Guideline Type	☒ Prior Authorization ☐ Non-Formulary ☐ Step-Therapy ☐ Administrative

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products; Fax: 617-673-0988

☒ Tufts Health Plan Commercial products; Fax: 617-673-0988

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 617-673-0988

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to ensure that prior authorization has been obtained.

Overview

Food and Drug Administration – Approved Indications

Apomorphine hydrochloride subcutaneous injection (Apokyn) is indicated for the acute, intermittent treatment of hypomobility, "off" episodes ("end-of-dose wearing off" and unpredictable "on/off" episodes) in patients with advanced Parkinson's disease.

Inbrija (levodopa inhalation powder) is an aromatic amino acid indicated for the intermittent treatment of OFF episodes in patients with Parkinson's disease treated with carbidopa/levodopa.

Nuplazid (pimavanserin) is indicated for the treatment of hallucinations and delusions associated with Parkinson's disease psychosis.

Clinical Guideline Coverage Criteria

Apomorphine hydrochloride subcutaneous injection (Apokyn)

The plan may authorize coverage of **apomorphine injection** for patients when **ALL** of the following criteria are met:

1. The patient has a diagnosis of Parkinson's Disease

AND

2. The patient is experiencing OFF episodes with carbidopa/levodopa therapy despite maximizing dose

AND

3. The medication is prescribed by, or in consultation with a neurologist

AND

4. The patient is currently taking, or has had trial and failure, inadequate response, intolerance, or contraindication to TWO of the following (must be from two different classes):
    a. Dopamine agonist (e.g., pramipexole, ropinirole)
    b. Catechol-o-methyl transferase (COMT) inhibitor (e.g., entacapone)
    c. Monoamine oxidase (MAO) B inhibitor (e.g., rasagiline, selegiline)

AND

5. The medication will be used in combination with carbidopa/levodopa

Inbrija (levodopa inhalation powder)

The plan may authorize coverage of **Inbrija** for patients when **ALL** of the following criteria are met:

1. The patient has a diagnosis of Parkinson's Disease

AND

2. The patient is experiencing OFF episodes with carbidopa/levodopa therapy despite maximizing dose

AND

3. The medication is prescribed by, or in consultation with a neurologist

AND

4. The patient is currently taking, or has had trial and failure, inadequate response, intolerance, or contraindication to TWO of the following (must be from two different classes:
    a. Dopamine agonist (e.g., pramipexole, ropinirole)
    b. Catechol-o-methyl transferase (COMT) inhibitor (e.g., entacapone)
    c. Monoamine oxidase (MAO) B inhibitor (e.g., rasagiline, selegiline)

AND

5. The medication will be used in combination with carbidopa/levodopa

Nuplazid (pimavanserin)

The plan may authorize coverage of **Nuplazid** when **ALL** of the following criteria are met:

1. Documentation the member is experiencing hallucinations and delusions associated with Parkinson's disease psychosis

AND

2. The prescribing physician is a neurologist or a psychiatrist or the prescribing physician is writing the prescription in consultation with a neurologist or a psychiatrist

Limitations

None

Codes

None

References

1. Apokyn (apomorphine hydrochloride injection) [prescribing information]. Rockville, MD: Supernus Pharmaceuticals, Inc; June 2022.
2. Inbrija (levodopa) [prescribing information]. Ardsley, NY: Acorda Therapeutics, Inc; August 2020.
3. Drugs for Parkinson's disease. Med Lett Drugs Ther 2017; 59:187.
4. PA LeWitt et al. Safety and efficacy of CVT-301 (levodopa inhalation powder) on motor function during off periods in patients with Parkinson's disease: a randomized, double-blind, placebo-controlled phase 3 trial. Lancet Neurol 2019; 18:145.
5. Liang, TW, Tarsy D. Medical management of motor fluctuations and dyskinesia in Parkinson's disease. In: Eichler AF, ed. UpToDate [database online]. Waltham, MA: UpToDate, 2021. Accessed June 29, 2021.
6. Nuplazid (pimavanserin) [prescribing information]. San Diego, CA: ACADIA Pharmaceuticals, Inc; September 2023.
7. Olanow, CW et al. Apomorphine sublingual film for off episodes in Parkinson's disease: a randomized, double-blind, placebo-controlled phase 3 study. The Lancet Neurology. 2020; 19(2): 135-144.

Approval And Revision History

September 13, 2022: Reviewed by the Pharmacy & Therapeutics Committee.

Subsequent endorsement date(s) and changes made:

- August 8, 2023: No change
- November 12, 2024: Effective 2/1/2025, removed Kynmobi from the MNG because this drug has been discontinued. Administrative update to reflect that Apokyn is available generic.
- January 13, 2026: No changes
- February 2026: Administrative update to remove CareLink from Medical Necessity Guideline template.

Background, Product and Disclaimer Information

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document

will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.