



Federal Employee Program.

**INBRIJA**  
**(levodopa inhalation powder)**

## Pre - PA Allowance

None

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## Prior-Approval Requirements

**Age** 18 years of age or older

### Diagnosis

Patient must have the following:

Parkinson's disease experiencing OFF episodes

**AND ALL** of the following:

1. Used in combination with carbidopa/levodopa
2. Inadequate control of Parkinson's symptoms on maximum tolerated doses of oral carbidopa/levodopa therapy
3. **NO** asthma or chronic obstructive pulmonary disease (COPD)
4. **NO** concomitant use of a nonselective monoamine oxidase inhibitor (MAOI), such as phenelzine or tranylcypromine (must be >14 days post discontinuing therapy)

## Prior - Approval Limits

### Quantity

Medication	Quantity Limit
42 mg capsules	900 capsules per 90 days

**Duration** 6 months

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## Prior – Approval *Renewal* Requirements

**Age** 18 years of age or older



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**Diagnosis**

Patient must have the following:

Parkinson's disease experiencing OFF episodes

**AND ALL** of the following:

1. Improvement in Parkinson's symptoms
2. Used in combination with carbidopa/levodopa
3. **NO** asthma or chronic obstructive pulmonary disease (COPD)
4. **NO** concomitant use of a nonselective monoamine oxidase inhibitor (MAOI), such as phenelzine or tranylcypromine

**Prior - Approval *Renewal* Limits**

**Quantity**

Medication	Quantity Limit
42 mg capsules	900 capsules per 90 days

**Duration**     12 months