

Medical Drug Clinical Criteria

Subject: Vyalev (foscarihidopa/foslevodopa)

Document #: CC-0277

Publish Date: 02/03/2025

Status: New

Last Review Date: 12/09/2024

Table of Contents

[Overview](#)

[Coding](#)

[References](#)

[Clinical Criteria](#)

[Document History](#)

Overview

This document addresses the use of Vyalev (foscarihidopa/foslevodopa) for the treatment of advanced Parkinson's disease. Vyalev (foscarihidopa/foslevodopa) is an injectable drug that may help minimize complications seen with oral dosing (such as the short half-life and inconsistent absorption of oral tablets due to impaired gastric motility). Foscarihidopa/foslevodopa are prodrugs of carbidopa/levodopa, provided in a soluble formulation that is administered over the individual's waking hours or as a 24-hour/day continuous subcutaneous infusion. In a 12-week, phase 3, double-blind, double-dummy study, treatment with foscarihidopa/foslevodopa when compared to oral immediate-release carbidopa/levodopa resulted in greater improvements in motor fluctuations (NCT04380142).

Parkinson's disease (PD) is a progressive neurodegenerative disorder associated with motor complications such as tremor, bradykinesia, and rigidity. The decision to initiate pharmacologic therapy for the management of symptoms associated with PD is determined by the degree to which the individual is functionally impaired and influenced by a variety of individual and medication-related factors. Treatment is individualized and combination therapy is often employed to manage symptoms and reduce "off" episodes ("end-of-dose wearing off" and unpredictable "on/off" episodes).

Levodopa and dopamine agonists are approved as first-line treatment options for early PD. Dopamine agonists, MAO B inhibitors or COMT inhibitors can be used as adjunct therapy to levodopa in individuals who have continued motor symptoms despite optimal levodopa therapy. Rasagiline is also approved as a monotherapy option for those with early PD. At least one agent from each drug class is available as a generic agent.

Clinical Criteria

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Vyalev (foscarihidopa and foslevodopa injection)

Initial requests for Vyalev (foscarihidopa and foslevodopa injection) may be approved if the following criteria are met:

- I. Individual has a diagnosis of advanced Parkinson's disease; **AND**
- II. Documentation is provided that individual is considered levodopa-responsive; **AND**
- III. Documentation is provided that individual has motor symptoms inadequately controlled by current therapy; **AND**
- IV. Individual has an average off time of at least 2.5 hours per day.

Continuation requests for Vyalev (foscarihidopa and foslevodopa injection) may be approved if the following criteria are met:

- I. Documentation is provided that there is clinically significant improvement or stabilization in clinical signs and symptoms of disease defined as an increase of on-time with a decrease in the number of off episodes compared to baseline.

Quantity Limits

Vyalev (foscarnidopa and foslevodopa injection) Quantity Limit

Drug	Limit
Vyalev (foscarnidopa and foslevodopa injection) 12 mg-240 mg	42 vials (4200 mL) (6 cartons) per 28 days

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

HCPCS

C9399	Unclassified drugs or biologicals [when specified as Vyalev (foscarnidopa and foslevodopa)]
J3490	Unclassified drugs [when specified as Vyalev (foscarnidopa and foslevodopa)]

ICD-10 Diagnosis

All diagnosis pend

Document History

New: 12/09/2024

Document History:

- 12/09/2024 – Select Review: Add new criteria and quantity limits for Vyalev. Administrative update to add documentation. Coding Reviewed: Added HCPCS NOC C9399, J3490, and all diagnosis pend.

References

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2024; Updated periodically.
4. Parkinson's Disease in Adults. NICE Guideline [NG71]. National Institute for Health and Care Excellence. Published Date July 2017. Available at: <https://www.nice.org.uk/guidance/ng71>.
5. Pahwa R, Factor SA, Lyons KE, et al.; Quality Standards Subcommittee of the American Academy of Neurology. Practice Parameter: treatment of Parkinson disease with motor fluctuations and dyskinesia (an evidence-based review). *Neurology*. 2006; 66(7):983-995.
6. Soileau MJ, Aldred J, Budur K, et al. Safety and efficacy of continuous subcutaneous foslevodopa-foscarnidopa in patients with advanced Parkinson's disease: a randomised, double-blind, active-controlled, phase 3 trial [published correction appears in *Lancet Neurol*. 2023 Mar;22(3):e5. doi: 10.1016/S1474-4422(23)00048-0]. *Lancet Neurol*. 2022;21(12):1099-1109. doi:10.1016/S1474-4422(22)00400-8.
7. Aldred J, Freire-Alvarez E, Amelin AV, et al. Continuous Subcutaneous Foslevodopa/Foscarnidopa in Parkinson's Disease: Safety and Efficacy Results From a 12-Month, Single-Arm, Open-Label, Phase 3 Study [published correction appears in *Neurol Ther*. 2023 Dec;12(6):1959-1960. doi: 10.1007/s40120-023-00554-w]. *Neurol Ther*. 2023;12(6):1937-1958. doi:10.1007/s40120-023-00533-1

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

© CPT Only – American Medical Association