



Drug Coverage Policy

Effective Date04/15/2026
Coverage Policy Number..... ST006
Policy Title.....Carbidopa-Levodopa
(Oral) for Employer Plans

Parkinson's Disease – Carbidopa-Levodopa (Oral) Step Therapy Policy for Employer Plans

- Carbidopa-Levodopa extended-release tablets (generic only)
- Crexont® (carbidopa-levodopa extended-release capsule – Amneal)
- Rytary® (carbidopa-levodopa extended-release capsule – Amneal, authorized generic)

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used

as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

Carbidopa-levodopa, an aromatic amino acid decarboxylation inhibitor and an aromatic amino acid, is indicated for the treatment of Parkinson's disease, post-encephalitic parkinsonism, and parkinsonism that may follow carbon monoxide intoxication or manganese intoxication.¹⁻⁴ Carbidopa-levodopa extended-release tablets, may be split in half but not crushed and Crexont and Rytary must be swallowed whole.

Table 1. Carbidopa-Levodopa Summary Table.¹⁻⁴

Attribute	Dosing	Availability
Carbidopa-levodopa extended-release tablet (generic only)	Start at 50 mg/200 mg BID and increase up to a total of 250 mg/1,000 mg divided into three or more doses.	<ul style="list-style-type: none"> • 50 mg/200 mg tablets • 25 mg/100 mg tablets
Crexont® (carbidopa-levodopa extended-release capsule)	Start at 35 mg/140 mg BID and increase up to 525 mg/2,100 mg divided up to QID.	<ul style="list-style-type: none"> • 35 mg/140 mg capsules • 52.5 mg/210 mg capsules • 70 mg/280 mg capsules • 87.5 mg/350 mg capsules
Rytary® (carbidopa-levodopa extended-release capsule, authorized generic)	Start at 23.75 mg/95 mg TID and increase up to 97.5 mg/390 mg TID.	<ul style="list-style-type: none"> • 23.75 mg/95 mg capsules • 36.25 mg/145 mg capsules • 48.75 mg/195 mg capsules • 61.25 mg/245 mg capsules
Sinemet® (carbidopa-levodopa immediate-release tablets, generic)	Start at 25 mg/100 mg TID and gradually titrate to 8 tablets given throughout the day.	<ul style="list-style-type: none"> • 10 mg/100 mg tablets • 25 mg/100 mg tablets • 25 mg/250 mg tablets (generic only)

Coverage Policy

POLICY STATEMENT

This program has been developed to encourage the use of a Step 1 Product prior to the use of a Step 2 Product. If the Step Therapy rule is not met for a Step 2 Product at the point of service, coverage will be determined by the Step Therapy criteria below. All approvals are provided for 1 year in duration. Meeting Step therapy Program Criteria does not satisfy any other prior authorization or medical necessity criteria requirements.

Note: The brand carbidopa-levodopa product Sinemet is not included in either Step 1 or Step 2 of this program. However, if a patient has tried brand Sinemet, they can receive a Step 2 product.

Step 1: generic carbidopa-levodopa tablets, generic carbidopa-levodopa extended-release tablets

Step 2: Crexont capsules, Rytary capsules (brand and authorized generic)

Carbidopa-Levodopa (Oral) Medications are covered as medically necessary when ONE of the following criteria is met (1 or 2). Any other exception is considered not medically necessary.

CRITERIA

1. If the patient has tried one Step 1 Product, approve a Step 2 Product.
Note: A trial of Sinemet also satisfies the requirement.
2. If the patient is currently taking Crexont capsules or Rytary capsules (brand and authorized generic), approve.

References

1. Carbidopa-Levodopa tablets [prescribing information]. Parsippany, NJ: Teva; September 2020.
2. Carbidopa-Levodopa ER tablets [prescribing information]. Bridgewater, NJ: Amneal; December 2022.
3. Crexont® ER capsules [prescribing information]. Bridgewater, NJ: Amneal; August 2024.
4. Rytary® ER capsules [prescribing information]. Bridgewater, NJ: Amneal; December 2019.

Revision Details

Type of Revision	Summary of Changes	Date
New	New policy.	04/15/2026

The policy effective date is in force until updated or retired.

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