BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINE

VYALEV™ (foscarbidopa & foslevodopa) subcutaneous injection Generic Equivalent (if available)

This Pharmacy Coverage Guideline (PCG):
- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively "Service") is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider's judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member's benefit plan; and
- Is subject to change as new information becomes available.

Scope
- This PCG applies to Commercial and Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

Instructions & Guidance
- To determine whether a member is eligible for the Service, read the entire PCG.
- This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
- Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
- The "Criteria" section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member's benefit plan.
- The "Description" section describes the Service.
- The "Definition" section defines certain words, terms or items within the policy and may include tables and charts.
- The "Resources" section lists the information and materials we considered in developing this PCG
- **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
- Information about medications that require prior authorization is available at www.azblue.com/pharmacy. You must fully complete the request form and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to Pharmacyprecert@azblue.com.

Criteria:

➢ **Criteria for initial therapy:** Vyalev (foscarbidopa & foslevodopa) and/or generic equivalent (if available) is considered ***medically necessary*** and will be approved when **ALL** the following criteria are met:

1. Prescriber is a physician specializing in patient's diagnosis or is in consultation with a Neurologist
2. Individual is 18 years of age or older
3. Individual has a confirmed diagnosis of idiopathic advanced Parkinson's Disease (PD) that is still levodopa-responsive
4. Individual is having recognizable/identifiable motor fluctuations ("off" and "on" states) that are inadequately controlled by their current PD treatment

5. Individual is having a daily average of "off" time of at least 2.5 hours per day (with at least a minimum of 2 hours each day)

6. Individual may use immediate release levodopa-carbidopa as rescue medication for rapid deterioration of motor symptoms

7. Individual or caregiver understands the use of the delivery system

8. **If available:** Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for a **generic equivalent** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] (see Definitions section)

9. Individual has documented failure, contraindication per FDA label, intolerance, or is not a candidate for a trial of **ONE** agent from **EACH** of the following treatment regimens:
    a. **One trial** of dopamine agonist: pramipexole **or** ropinirole
    b. **One trial** of monoamine oxidase inhibitor (MAO) B inhibitor: selegiline (capsule or tablet) **or** rasagiline mesylate tablet
    c. **One trial** of catechol O-methylase inhibitor (COMT): entacapone **or** tolcapone

10. Individual is currently not taking any other drug that may cause a severe adverse reaction or a significant drug interaction that may require discontinuation

11. Individual is **NOT** currently taking FDA-label contraindication medications such as nonselective monoamine oxidase (MAO) inhibitor (e.g., phenelzine, tranylcypromine) or have recently (within 2 weeks) taken a nonselective MAO inhibitor

Initial approval duration: 6 months

- **Criteria for continuation of coverage (renewal request):** Vyalev (foscarbidopa & foslevodopa) and/or generic equivalent (if available) is considered ***medically necessary*** and will be approved when **ALL** the following criteria are met **(samples are not considered for continuation of therapy)**:

1. Individual continues to be seen by a physician specializing in patient's diagnosis or is in consultation with a Neurologist

2. Individual has documentation of positive clinical response to therapy defined as the following:
    a. Increased or improved "on" time
    b. Reduced "on" time with troublesome dyskinesia
    c. Reduced number of "off" episodes

3. Individual has been adherent with the medication

4. **If available:** Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for a **generic equivalent** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] (see Definitions section)

5. Individual has not developed any contraindications or other significant adverse drug effects that may exclude continued use such as:
    a. Significant daytime sleepiness or episodes of falling asleep during activities that require active participation
    b. Significant impulse control behaviors
    c. Hallucinations/psychosis
    d. Infusion site reactions and infections
    e. Dyskinesia

6. Individual is not currently taking any other drug that may cause a severe adverse reaction or a significant drug interaction that may require discontinuation

7. Individual is **NOT** currently taking FDA-label contraindication medications such as nonselective monoamine oxidase (MAO) inhibitor (e.g., phenelzine, tranylcypromine) or have recently (within 2 weeks) taken a nonselective MAO inhibitor

Renewal duration: 12 months

- Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

    1. **Off-Label Use of Non-Cancer Medications**

    2. **Off-Label Use of Cancer Medications**

Description:

Vyalev (foscarbidopa & foslevodopa) is a combination of an aromatic amino acid decarboxylation inhibitor (foscarbidopa) and an aromatic amino acid (foslevodopa) indicated for the treatment of motor fluctuations in adults with advanced Parkinson's disease (PD). Foscarbidopa and foslevodopa are prodrugs that undergo enzymatic bioconversion via intrinsic alkaline phosphatase to carbidopa and levodopa, respectively. Vyalev is administered as a subcutaneous infusion with the VYAFUSER pump. The VYAFUSER pump used to administer Vyalev is provided separately. The continuous infusion rate is based on total levodopa dosage (TLD). Vyalev may be administered over the individual's waking hours or may be administered for 24 hours. The maximum recommended daily dosage of Vyalev is 3,525 mg of the foslevodopa component (equivalent to approximately 2,500 mg levodopa).

Individuals with PD who take levodopa chronically are increasingly likely to develop motor fluctuations and dyskinesia as the disease progresses and the nigrostriatal dopaminergic neurons continue to degenerate and lose presynaptic dopamine storage capacity. There is no single definition of "advanced" PD. The disease progresses differently from person to person. In general, when a person with PD is no longer physically independent, the disease is considered advanced.

Motor fluctuations are alterations between periods of a positive response to medication (commonly referred to as "on" periods), and periods of reemergence of parkinsonian symptoms (commonly referred to as "off" periods). The

transition from on to off can be sudden and unpredictable. Unpredictable off periods can occur that have no relationship to timing of levodopa and a wearing off phenomena. Use of home diaries and direct observation can help determine any relationship of levodopa dosing to the off period. Many unpredictable off moments turn out to be end of levodopa dosing wearing off.

Dyskinesia consists of several types of abnormal involuntary movements, most often choreiform, brought on by levodopa or other dopaminergic agents. Dyskinesia is caused by overstimulation of dopamine receptors by the use of levodopa, but also by agents that either stimulate or enhance the effect of dopamine at the receptor (e.g., dopamine agonists, monoamine oxidase type B [MAO B] inhibitors, and catechol-O-methyl transferase [COMT] inhibitors).

Definitions:

U.S. Food and Drug Administration (FDA) MedWatch Forms for FDA Safety Reporting
MedWatch Forms for FDA Safety Reporting | FDA

Hoehn and Yahr Scale and the Modified Hoehn and Yahr Scale:

Stage	Hoehn and Yahr Scale	Modified Hoehn and Yahr Scale
0	No signs of disease	No signs of disease
1	Unilateral involvement only, usually minimal or no functional disability	Unilateral involvement only
1.5	--	Unilateral and axial involvement
2	Bilateral or midline involvement without impairment of balance	Bilateral involvement without impairment of balance
2.5	--	Mild bilateral disease with recovery on pull test
3	Bilateral disease: mild to moderate disability with impaired postural reflexes; physically independent	Mild to moderate bilateral disease; some postural instability; physically independent
4	Severely disabling disease; still able to walk or stand unassisted	Severely disability; still able to walk or stand unassisted
5	Confined to bed or wheelchair unless aided	Wheelchair bound or bedridden unless aided
Hoehn M, Yahr M: Parkinsonism: onset, progression and mortality. Neurology 1967; 17 (5):427-442		

Resources:

Vyalev (foscarbidopa & foslevodopa) subcutaneous injection product information, revised by AbbVie, Inc. 10-2024. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed June 27, 2025.

Liang TW. Medical management of motor fluctuations and dyskinesia in Parkinson disease. In: UpToDate, Hurtig HI, Eichler AF (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Literature current through August 2025. Topic last updated September 16, 2025. Accessed September 19, 2025.

ClinicalTrials.gov Bethesda (MD): National Library of Medicine (US). Identifier NCT04380142: A Randomized, Double-Blind, Double-Dummy, Active-Controlled Study Comparing the Efficacy, Safety and Tolerability of ABBV-951 to Oral Carbidopa/Levodopa in Advanced Parkinson's Disease Patients. Available from: http://clinicaltrials.gov. Last update posted November 11, 2022. Last verified October 2022. Accessed November 18, 2024. Re-evaluated September 22, 2025.

Soileau MJ, Aldred J, Budur K, et al.: Safety and efficacy of continuous subcutaneous foslevodopa-foscarbidopa in patients with advanced Parkinson's disease: a randomized, double-blind, active-controlled, phase 3 trial. Lancet Neurol 2022 Dec; 21: 1099–109. Accessed November 18, 2024. Re-evaluated September 22, 2025.

Aldred J, Freire-Alvarez E, Amelin AV, et al. Continuous subcutaneous foslevodopa/foscarbidopa in Parkinson's disease: safety and efficacy results from a 12-month, single-arm, open-label, phase 3 study. Neurol Ther 2023;12(6):1937–1958. https://doi.org/10.1007/s40120-023-00533-1. Accessed November 20, 2024. Re-evaluated September 22, 2025.

Foslevodopa-Foscarbidopa (Vyalev): CADTH Reimbursement Recommendation. Canadian Agency for Drugs and Technologies in Health; 2023; 3 (7). Available at http://www.ncbi.nlm.nih.gov/books/NBK595155/. Accessed November 20, 2024. Re-evaluated September 22, 2025.