

Medical Policy:

Vyalev (foscarnidopa and foslevodopa) subcutaneous injection

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.429	March 11, 2025	February 6, 2025

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The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as “EmblemHealth”), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Vyalev, a combination continuous subcutaneous infusion of foscarnidopa and foslevodopa, is indicated for the treatment of motor fluctuations in adults with advanced Parkinson’s disease

Length of Authorization

Approve for 1 year

Dosing Limits [Medical Benefit]

Approve up to 3,525 mg foslevodopa (equivalent to approximately 2,500 mg levodopa) every day.

Guideline

1. **Parkinson’s Disease.** Approve for 1 year if the patient meets ALL of the following (A, B, C, D, **AND** E):
 - A. Patient is diagnosed with advanced Parkinson’s disease; **AND**
 - B. Patient is experiencing “off” episodes such as muscle stiffness, slow movements, or difficulty starting movements; **AND**
 - C. Patient has tried an oral carbidopa/levodopa therapy and meets ONE of the following (i **OR** ii):

- i. Patient had significant intolerance, according to the prescriber; **OR**
- ii. Patient had inadequate efficacy, according to the prescriber; **AND**
- D. Patient has previously tried or currently receiving ONE other treatment for “off” episodes; **AND**
Note: Examples of treatment for “off” episodes include entacapone, rasagiline, pramipexole, ropinirole, tolcapone, cabergoline, selegiline, Ongentys (opicapone capsules), or Xadago (safinamide tablets).
- E. The medication is prescribed by or in consultation with a neurologist.

Applicable Procedure Codes

Code	Description
J7799	NOC drugs, other than inhalation drugs, administered through dme

Applicable NDCs

Code	Description
00074-0501-01	Carton containing seven 10-mL vials of Vyalev solution

ICD-10 Diagnoses

Code	Description
G20.A2	Parkinson'S Disease Without Dyskinesia, With Fluctuations
G20.B1	Parkinson'S Disease With Dyskinesia, Without Mention Of Fluctuations
G20.B2	Parkinson'S Disease With Dyskinesia, With Fluctuations

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	3/11/2025	Updated J code to J7799, removed J3490 and C9399
EmblemHealth & ConnectiCare	02/06/2025	New Policy

References

1. Vyalev™ subcutaneous injection [prescribing information]. North Chicago, IL: AbbVie; October 2024.