



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

APOMORPHINE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
APOMORPHINE HCL	APOKYN, APOMORPHINE HCL		42078	GPI-14 (7320301010E220)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of advanced Parkinson's disease and meet **ALL** of the following criteria?
  - Therapy is prescribed by or in consultation with a neurologist
  - Apokyn will be used for the acute, intermittent treatment of hypomobility, OFF episodes associated with advanced Parkinson's disease
  - The physician has optimized drug therapy as evidenced by BOTH of the following:
    - Change in levodopa/carbidopa dosing strategy or formulation
    - Trial of or contraindication to TWO Parkinson disease agents from two different classes: dopamine agonist (i.e., ropinirole, pramipexole, rotigotine), monoamine oxidase-inhibitors (MAO-I) (i.e., selegiline, rasagiline), catechol-O-methyl transferase (COMT) inhibitors (i.e., entacapone, tolcapone)

If yes, **approve for 6 months by GPID or GPI-14 with a quantity limit of #60mL per month.**  
If no, do not approve.

**INITIAL DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **APOMORPHINE (Apokyn)** requires the following rule(s) be met for approval:

- A. You have a diagnosis of advanced Parkinson's disease (a type of movement disorder)
- B. Therapy is prescribed by or in consultation with a neurologist (a type of brain doctor)
- C. The requested medication will be used for acute, intermittent treatment of hypomobility (short and sudden episodes where you have decreased ability to move), OFF episodes associated with advanced Parkinson's disease
- D. Your doctor has optimized your drug therapy as evidenced by BOTH of the following:
  1. Change in levodopa/carbidopa dosing strategy or formulation
  2. You have had a trial of or contraindication (harmful for) to TWO Parkinson disease agents from two different classes: dopamine agonist (ropinirole, pramipexole, rotigotine), monoamine oxidase-inhibitors (MAO-I) (selegiline, rasagiline), catechol-O-methyl transferase (COMT) inhibitors (entacapone, tolcapone)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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APOMORPHINE

GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

1. Does the patient have a diagnosis of advanced Parkinson's disease **AND** meet the following criterion?
  - Patient has experienced improvement with motor fluctuations during OFF episodes with the use of Apokyn (e.g., improvement in speech, facial expression, tremor at rest, action or postural tremor of hands, rigidity, finger taps, hand movements, rapid alternating movements of hands, posture, leg agility, arising from chair)

If yes, **approve for 12 months by GPID or GPI-14 with a quantity limit of #60mL per month.**  
If no, do not approve.

**RENEWAL DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **APOMORPHINE (Apokyn)** requires the following rule(s) be met for renewal:

- A. You have a diagnosis of advanced Parkinson's disease (a type of movement disorder)
- B. You have had improvement with motor fluctuations during OFF episodes with the use of Apokyn (such as improvement in speech, facial expression, tremor [shaking] at rest, action or postural tremor of hands, rigidity, finger taps, hand movements, rapid alternating movements of hands, posture, leg agility, arising from chair)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Apokyn.

**REFERENCES**

- Apokyn [Prescribing Information]. Louisville, KY: US WorldMeds, LLC, April 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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P&T Approval: 04/19