APOMORPHINE

Generic	Brand	HICL	GCN	Exception/Other
APOMORPHINE	APOKYN		42078	

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?
   - Apokyn is being used for the acute, intermittent treatment of hypomobility, OFF episodes associated with advanced Parkinson's disease
   - Therapy is prescribed by or in consultation with a neurologist
   - The physician has optimized drug therapy as evidenced by **BOTH** of the following:
     - o Change in levodopa/carbidopa dosing strategy or formulation
     - o Trial of or contraindication to at least **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 (42078) with a quantity limit of #60mL (20 cartridges) per month.**
   APPROVAL TEXT: Renewal requires physician attestation of patient 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 no, do not approve.
   INITIAL DENIAL TEXT: The guideline named **APOMORPHINE (Apokyn)** requires a diagnosis of advanced Parkinson's disease. In addition, the following criteria must be met:
   - Apokyn is being used for the acute, intermittent treatment of hypomobility, OFF episodes associated with advanced Parkinson's disease
   - Therapy is prescribed by or in consultation with a neurologist
   - The physician has optimized drug therapy as evidenced by **BOTH** of the following:
     - o Change in levodopa/carbidopa dosing strategy or formulation
     - o Trial of or contraindication to at least **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)

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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?
   - Physician attestation of patient 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 (42078) with a quantity limit of #60mL (20 cartridges) per month.**
   If no, do not approve.
   RENEWAL DENIAL TEXT: The guideline named **APOMORPHINE (Apokyn)** requires a diagnosis of advanced Parkinson's disease. In addition, the following must be met:
   - Physician attestation of patient 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)

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, March 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 08/01/19
Created: 11/04
Client Approval: 07/19
P&T Approval: 04/19